



Strategic Needs Assessment

Version 2

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1.0 CONTEXT

1.1 Health and Social Care Integration

The Public Bodies (Joint Working)(Scotland) Act 2014 (the Act) requires NHS Boards and Local Authorities to integrate the planning for, and delivery of, identified adult health and social care services.

As specified in the Regulations made under the terms of the legislation, NHS Tayside and Dundee City Council have delegated community health and social care functions for adults and older people to the Dundee Integration Joint Board (IJB). From 1st April 2016 the Dundee Health and Social Care Partnership (the Partnership) assumed its full operational responsibilities for all of these delegated functions and for the planning, oversight and delivery of integrated services.

The main purpose of integration is to use the available resources to improve the wellbeing of people who receive health and social care services, in particular those whose needs are complex and who require support from both health and social care at the same time.

1.2 Strategic and Commissioning Plan

One of the key functions of the IJB is to prepare a Plan for integrated functions in accordance with national and local outcomes and integration principles.

A Strategic and Commissioning Plan (the Plan) which identifies a range of strategic priorities, shifts and actions has been developed for the Partnership. The Plan describes how health and social care services for adults in Dundee will be developed and delivered over the next five years from 1st April 2016.

1.3 Strategic and Commissioning Process

A strategic commissioning approach has been adopted in the development of the Plan. This approach is defined as follows:

Strategic Commissioning is the term used for all the activities involved in assessing and forecasting needs, links investment to all agreed desired outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place.

Joint Improvement Team Advice Note, February 2014

1.4 Strategic Needs Assessment (SNA)

The purpose of SNA as a process is to gather information to assist understanding of the type and distribution of services required for a population to achieve positive outcomes.

In the context of health and social care an understanding of the health and wellbeing needs of the population is required in order to determine the outcomes that are being sought and the changes and improvements that require to be made in the planning and delivery of services.

The approach adopted in this SNA involves three stages:

1. assessing the level of need for health and social care services
2. describing the current pattern and level of supply of these services
3. identifying the extent of the gap between need and supply

Population needs assessment is therefore an essential component of the commissioning process, and the understanding gained can be used to help make decisions about how to prioritise and allocate resources to meet identified needs.

The findings from the SNA undertaken in Dundee have been used to identify the changes required in order to integrate and improve the quality of health and social care services in Dundee. In particular they have informed the strategic priorities, shifts and actions that are included in the Plan.

1.5 Strategic Needs Assessment at Care Group Level

The process of SNA undertaken in Dundee includes detailed individual Care Group SNAs, each of which has then fed into the overarching SNA outlined in this document.

Strategic planning and commissioning in Dundee is being undertaken at a Care Group level under the direction of the following Care Group Strategic Planning Groups (SPGs):

Older People
Older People with Dementia
Learning Disabilities
Physical Disabilities
Sensory Impairment

Carers
Drugs and Alcohol
Homelessness
Mental Health
Choose Life

1.6 The Case for Change

The analysis of the demographic and socio-economic situation in Dundee undertaken through the SNA has made a significant contribution to the case for change in Dundee.

The findings from the SNA have been included in the Case for Change section of the Plan (at Section 5) and identified as key 'drivers for change'. These drivers for change have been grouped into three main driver themes, and the analysis for change is presented under each of these three themed headings in the Plan, as follows:

1 Population Health and Wellbeing

- a) Demographic changes
- b) Deprivation and inequalities
- c) Prevalence of multi-morbidities experienced at a younger age
- d) Prevalence of key morbidities and multi-morbidities
- e) Variation in deprivation and multi-morbidity levels within LCPP areas
- f) Prevalence of morbidities and impact on use of health and social care services
- g) Palliative and end of life care
- h) Levels of risk and need for public protection
- i) Population health and wellbeing summary

2 Delivery of Right Support at Right Time

- a) Centralised service development and decision making
- b) Services are not tailored to address community/locality differences
- c) Contribution of unpaid carers
- d) Support is not sufficiently individualised
- e) Palliative and end of life care
- f) People report variable experiences of care and health

3 Fiscal Constraints

- a) Increasing demand/reducing resources
- b) High costs/reduced budgets
- c) Sustainability of current models
- d) Balance of care
- e) Effectiveness of current models

Each area of information and data collated and analysed as part of the SNA process is summarised and presented in the Plan under each of the driver theme(s) to which it relates.

All of the data and analysis that has been included in the Plan was presented in Version 1 of the SNA and this current version (version 2) contains more current data. This document also presents details of the wider sources of information and data gathered and analysed within the SNA process that are not specifically referred to in the Plan.

1.7 Strategic Priorities, Shifts and Actions

In making decisions regarding the changes that are required in the planning, development and delivery of health and social care services, the analysis undertaken of the drivers for change led to the identification of eight strategic priorities for Dundee. These strategic priorities are set out in the Plan as follows:

- | | |
|---------------------------------|--|
| 1 Health Inequalities | 5 Building Capacity |
| 2 Early Intervention/Prevention | 6 Models of Support/Pathways of Care |
| 3 Person Centred Care/Support | 7 Managing Resources Effectively |
| 4 Carers | 8 Localities and Engaging with Communities |

The data and information that made a direct contribution towards the identification of these strategic priorities, as well as their related shifts and actions, is included in the Case for Change section of the Plan, and in this document. The ongoing SNA process, together with the proposed outcomes and performance monitoring process, will allow the Partnership to ensure that any need for review of its strategic priorities, shifts or actions is identified and acted upon at an early stage.

1.8 Outcomes and Performance Monitoring

During the last year we have continued to develop our outcomes and performance framework. As a Partnership we recognise the importance of self-evaluation, quality assurance and performance monitoring to enable us to identify areas of strength that we wish to build upon and areas for improvement. Our commitment to continuously improve services, in order to promote good outcomes for individuals and families, underpins everything that we do.

During 2016-17 the IJB established its Performance and Audit Committee (PAC) to scrutinise the performance of the Partnership in achieving its vision and strategic priorities, including overseeing financial performance and other aspects of governance activities. The PAC receives quarterly benchmarking performance reports, which describe the performance of the Partnership against other Health and Social Care Partnerships across Scotland, allowing improvement actions to be identified. The PAC has requested additional analytical reports in areas where performance has been poor, such as falls, to support an improved understanding of underlying challenges and the development of more detailed improvement plans.

Whilst the Partnership has developed a range of different mechanisms to scrutinise the performance and quality of services over the last 12 months, we recognise that there is further work to be done to embed self-evaluation, quality assurance, performance monitoring and clinical care and professional governance in our locality planning and service delivery arrangements.

1.9 Commissioning of Services

In addition to supporting outcomes and performance monitoring the ongoing SNA process will also inform the Partnership's future commissioning of services.

The SNA work undertaken to date has provided an understanding of the needs of geographical communities and communities of interest across Dundee and contributed towards the identification of the strategic priorities, shifts and actions outlined in the Plan. It has also helped to shape the thinking regarding the commissioning of in-house service provision and the wider health and social care market, to ensure that services are developed and delivered in line with the identified strategic priorities and shifts.

The Strategic and Commissioning Statements produced by each of the Care Group SPGs were informed by the accompanying care group SNAs. These SNAs supported the identification and allocation of resources for those in need of health and social care services across communities of interest in Dundee. The SNAs have also assisted with the targeting and organisation of resources towards geographical communities and the development of locality planning in Dundee.

A Market Facilitation Strategy has been produced which articulates the future shape of the social care market in Dundee. The ongoing SNA work will ensure that the evolving needs of communities across the city are appropriately identified and that the Partnership is equipped with the best information possible to support the planning and commissioning of services for the people of Dundee.

2.0 STRATEGIC NEEDS ASSESSMENT IN DUNDEE

2.1 Profile of Dundee

Dundee is Scotland's fourth largest city and is situated on the north coast of the mouth of the Tay Estuary. Edinburgh lies 60 miles to the south and Aberdeen 67 miles to the north. The city of Dundee covers 24 square miles, making Dundee the smallest local authority area in Scotland. Dundee is home to the University of Dundee, the University of Abertay and Dundee & Angus College, and has a sizeable student population.

The population and landscape of Dundee can be separated into various geographical areas – HSCP Localities, Local Community Planning Partnerships (LCPPs) and Neighbourhoods.

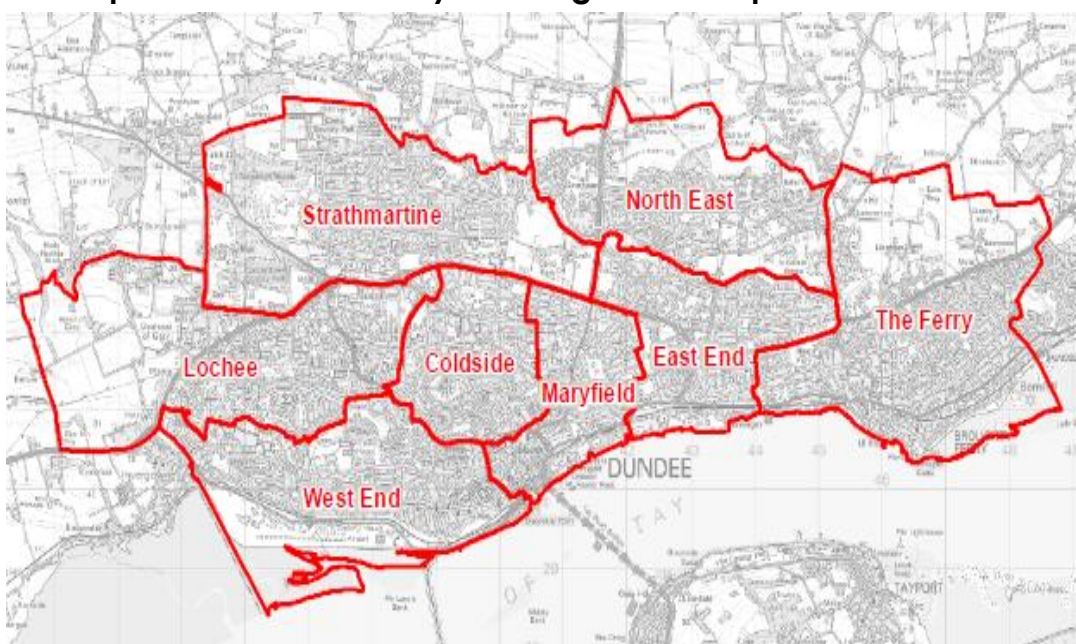
The planning and delivery of services within the Health and Social Care Partnership is considered across 4 localities. These localities are groupings of Local Community Planning Partnership (LCPP) areas which are described below.

Strathmartine and Coldside
West End and Lochee
Maryfield and East End
Broughty Ferry and North East

There are 8 LCPPs in Dundee, all of which have differing demographic, socio-economic and health profiles. The map below shows the eight LCPP areas in Dundee. The information included in this SNA provides a profile at LCPP level of much of the information and data collated.

There are also 54 'natural neighbourhoods' in Dundee. Where the data is available at neighbourhood level, this is presented in the sections to which it relates throughout this SNA.

Figure 1: Map of Local Community Planning Partnership Areas in Dundee



2.2 Key Findings from Strategic Needs Assessment

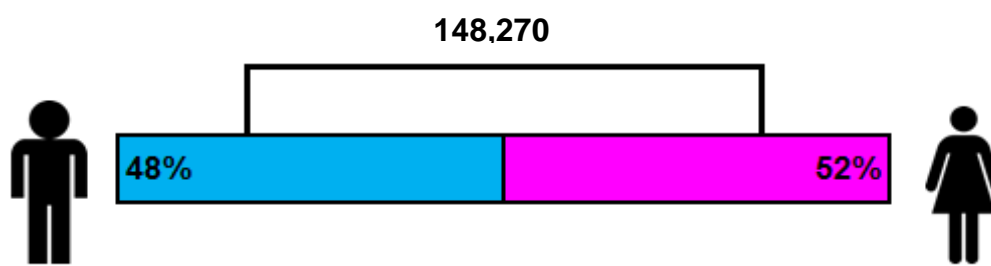
Within this SNA there is strong evidence presented of the levels of deprivation, health and social inequalities, and associated lifestyle factors presenting in Dundee. There is also detailed information presented about the ageing population and the impact of deprivation on life expectancy and the prevalence of health conditions and multi-morbidities. The combined effects of these are evidenced by the increased demand and usage of health and social care services in Dundee.

3.0 DEMOGRAPHICS

3.1 Population of Dundee

In 2016 the population of Dundee City was 148,270, which represents an increase of 0.04% from 148,210 in 2015. There were slightly more women (52%) than men (48%).

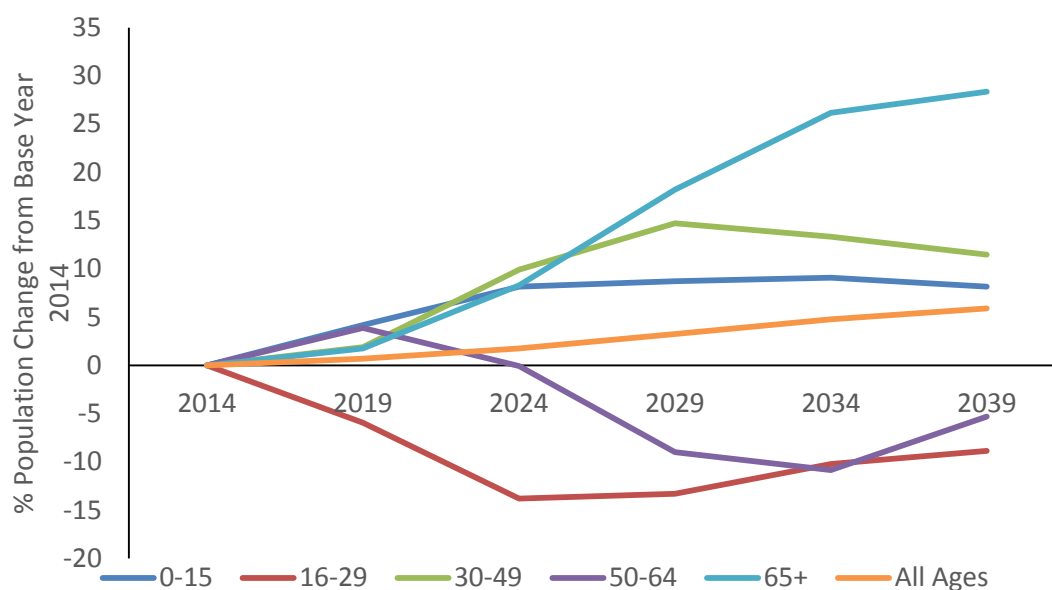
Figure 2: Gender split of Dundee's population in 2016



Source: National Records of Scotland NRS, 2016 Mid Year Population Estimates

In Dundee 24% of the population were aged 16 to 29 years. This is more than Scotland as a whole where 18% were aged 16 to 29 years. It is relevant to note that Dundee has a high population of students, which inflated the number of young people in the 16 to 29 age group, however many students do not remain in the city beyond the end of their course of study.

People aged 65 and over made up 18% of the Dundee City population which is the same as for Scotland as a whole.

Chart 1: Dundee City, projected population by age groups, 2014 to 2039

Source: National Records of Scotland NRS, 2014 Mid Year Population Estimates

By 2039 the total population of Dundee is projected to be 156,877. This is an increase of 5.8% when compared to the estimated population in 2016.

This growth can be attributed to a combination of in-migration and natural change which includes increased life expectancy.

The 16-29 and the 50-64 age groups are projected to fall during the next 10 years. This may have some impact on the size of the working population and the economy of the city in the medium term.

Chart 1 shows the projected increase in the number of older people in Dundee. While we may not be anticipating the very large increases in the 65+ age group that will affect some other parts of Scotland, we still expect to see an increase of 46% in the population aged over 75 by 2039. The 75+ and 90+ age groups, where there will be the largest increase in numbers, are groups who increasingly rely on unpaid family care, and health and social care services, as they become more frail.

3.2 Ethnicity

Population increase in recent years can be attributed to both natural change and immigration. Between mid 2014 and mid 2015, the estimated net civilian migration was 1,391 people. This includes movements within Scotland, the rest of the UK and overseas. (excluding moves relating to the British Armed Forces).

Each of the LCPP areas has varying ethnic diversities. On the whole, Dundee's population is predominately White British (89.4%) and 4.7% of people class themselves as 'White Other'. This includes people who were originally from Eastern Europe or from Ireland. 4% are from Asian backgrounds and 1% are African or Caribbean.

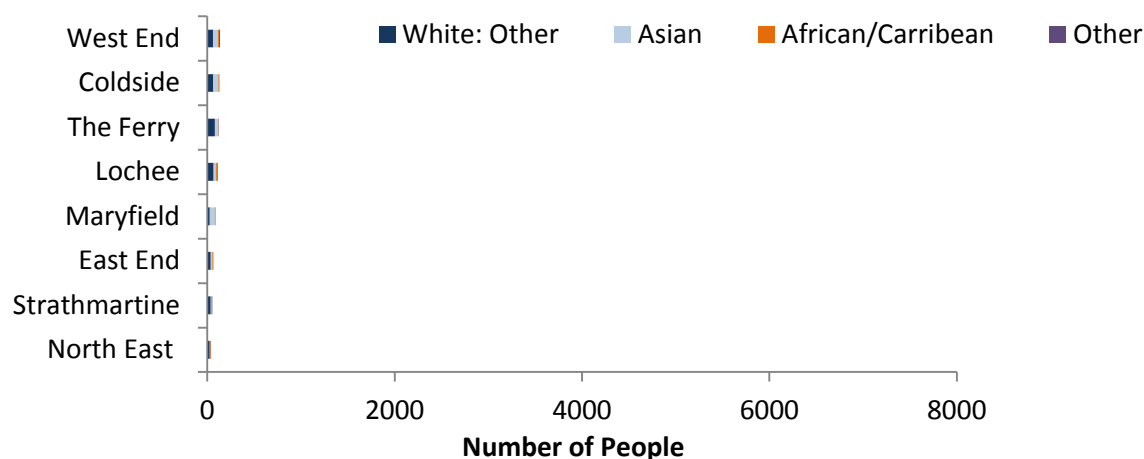
Between 2001 and 2011 there was an increase in the number of people who stated their ethnicity was 'White-Other'. In 2001, 2.7% of people identified themselves as 'White Other'. This increased to 4.7% in the 2011 Census.

Dundee also saw an increase in the Asian population from 2.8% in 2001 to 4% in 2011.

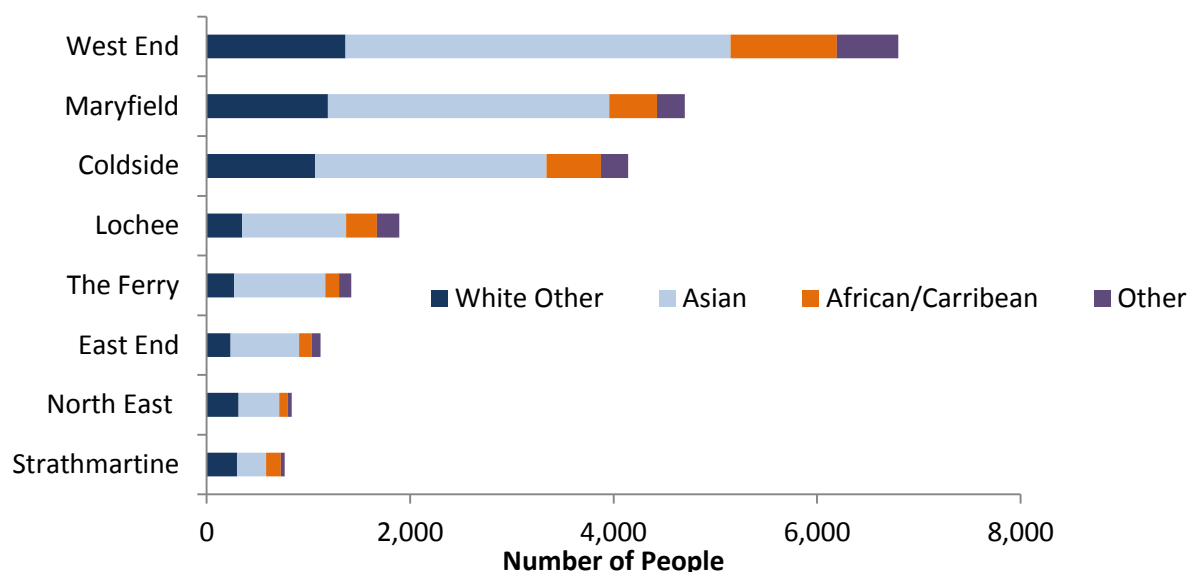
There are generational fluctuations in patterns of ethnicity, and it is important to assess patterns by age groups. This will assist with future planning of services.

Chart 2 shows the very low numbers of people aged 65+ in Dundee who are not 'White British'. However the much larger ethnic minority rate in the under 65 age group (Chart 3) means that if there is no outward migration by this group, there will be a much larger, older ethnic minority population in the future.

Chart 2: Ethnic minority group breakdown by LCPP Area – Aged 65+



Source: Scotland's Census, 2011

Chart 3: Ethnic minority group breakdown by LCPP Area – Aged under 65

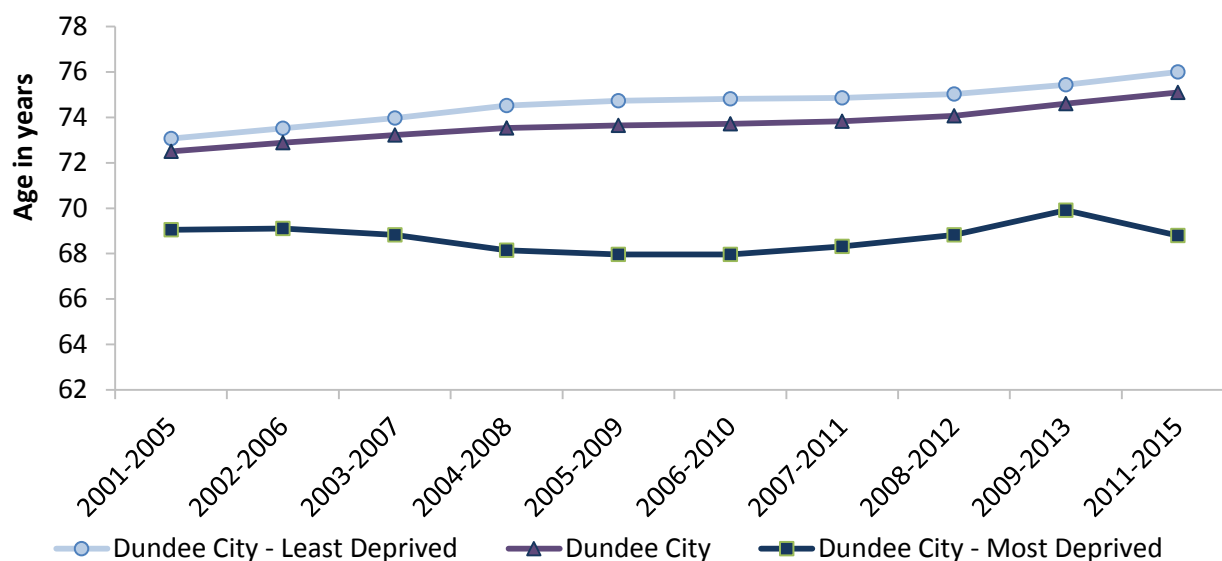
Source: Scotland's Census, 2011

The same scale was used for Charts 2 and 3 to assist with comparisons.

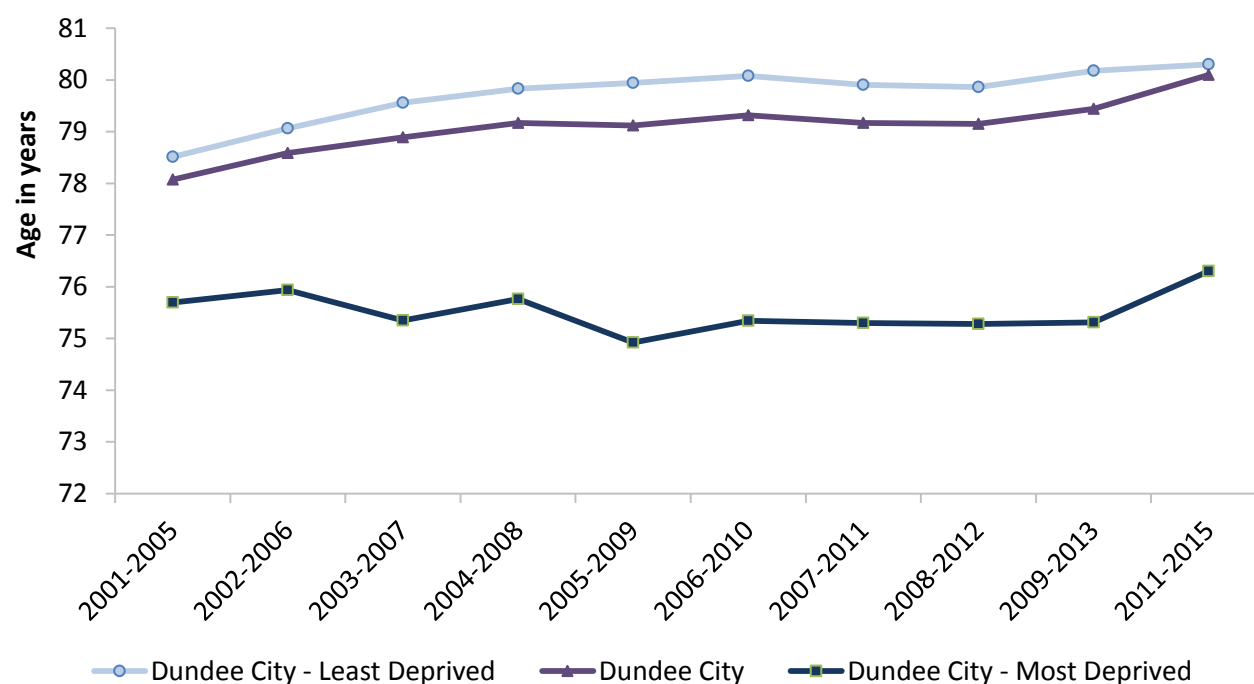
3.3 Life Expectancy

Dundee has the second lowest life expectancy in Scotland and although this has increased over the last ten years, it remains low in comparison to the rest of Scotland. In Dundee life expectancy is 77.6 years, whereas it is 79.1 years in Scotland as a whole. Life expectancy varies substantially by deprivation level and the occurrence of morbidity (health conditions) and disability.

Charts 4 and 5 show variation in life expectancy by both gender and deprivation. Life expectancy of a female who lives in one of the least deprived areas in Dundee is over ten years more than a male who lives in one of the most deprived areas.

Chart 4: Male life expectancy at birth in Dundee

Source: National Records of Scotland NRS, Life Expectancy for Administrative Areas within Scotland

Chart 5: Female life expectancy at birth in Dundee

Source: National Records of Scotland NRS, Life Expectancy for Administrative Areas within Scotland

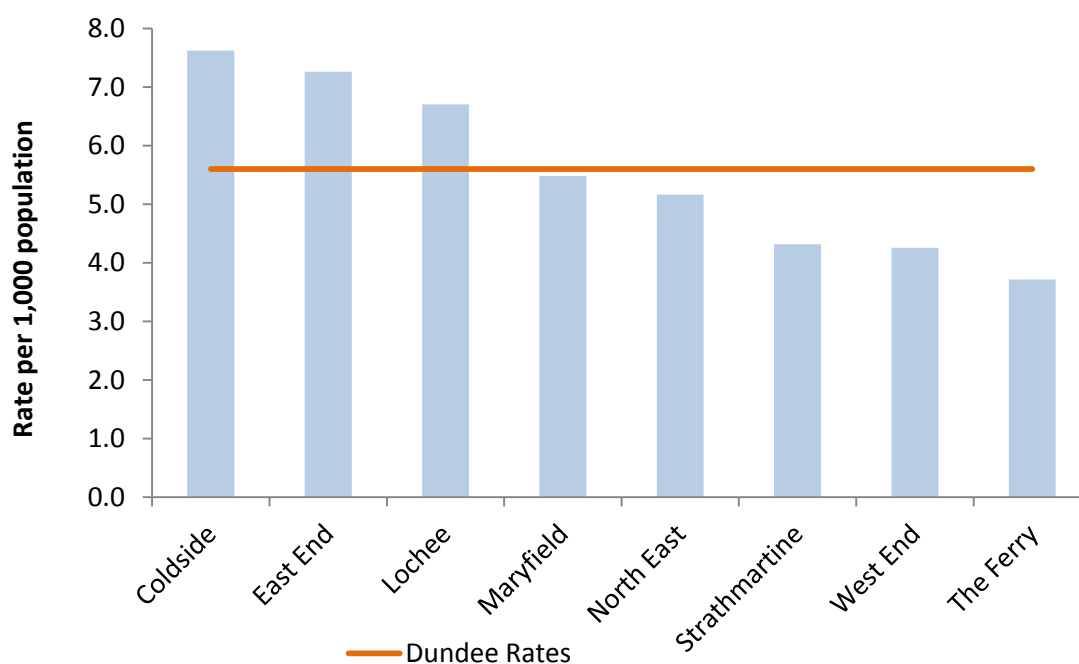
Demographics

While life expectancy is increasing across Dundee and at a faster rate in the least deprived areas, there is still a cohort of people who die prematurely. There is a strong link between premature mortality rates and deprivation. Chart 6 shows that East End and Coldside, as two of the most deprived Local Community Planning Partnership (LCPP) areas, also have high premature mortality rates. The least deprived LCPP areas, West End and The Ferry, have the lowest premature mortality rates. The rates for West End and The Ferry are almost half the rate for Coldside.

Coldside is highlighted throughout this needs assessment as a LCPP area which is **not** one of the most deprived in the city overall; however the population of Coldside has high care and support needs. This will be further examined later in this report, when unscheduled care trends by neighbourhood are considered.

A significant proportion of the difference in life expectancy between Scotland and the rest of the UK can be accounted for by deaths at a young age from drugs, alcohol, violence and suicide. Substance use disproportionately affects the most vulnerable and socio-economically deprived in Dundee's communities and is associated with other health and social problems, including poor mental health, crime, domestic violence and child neglect and abuse. Substance use is recognised both at a national and local level as a major public health and health equity issue.

Chart 6: Premature Mortality Age Standardised Rates per 1,000 Population <75 in 2015



Source: NHS Tayside

Key Findings: Demographics

- Dundee's population is expected to increase by 5.8% over the next 23 years; this can be attributed to a combination of in-migration and increased life expectancy.
- Dundee has an ageing population – there will be an increase of 46% in the aged 75+ population over the next 22 years.
- The 75+ and 90+ age groups, which will see the largest increase in numbers, are those who increasingly rely on unpaid family care, and health and social care services, as they become more frail.
- There is a projected increase in people from ethnic minority backgrounds living in Dundee, with the largest increase in people who classify themselves as Asian or White – Other. This includes people who are Eastern European or Irish.
- Dundee has the 2nd lowest life expectancy in Scotland. In Dundee, life expectancy for a female who lives in one of the least deprived LCPP areas is 10 years more than a man who lives in one of the most deprived LCPP area.
- There is a strong link between premature mortality and deprivation. The mortality rate in the most deprived LCPP area is almost twice as high as the premature mortality rate in the least deprived LCPP area.

4.0 DEPRIVATION

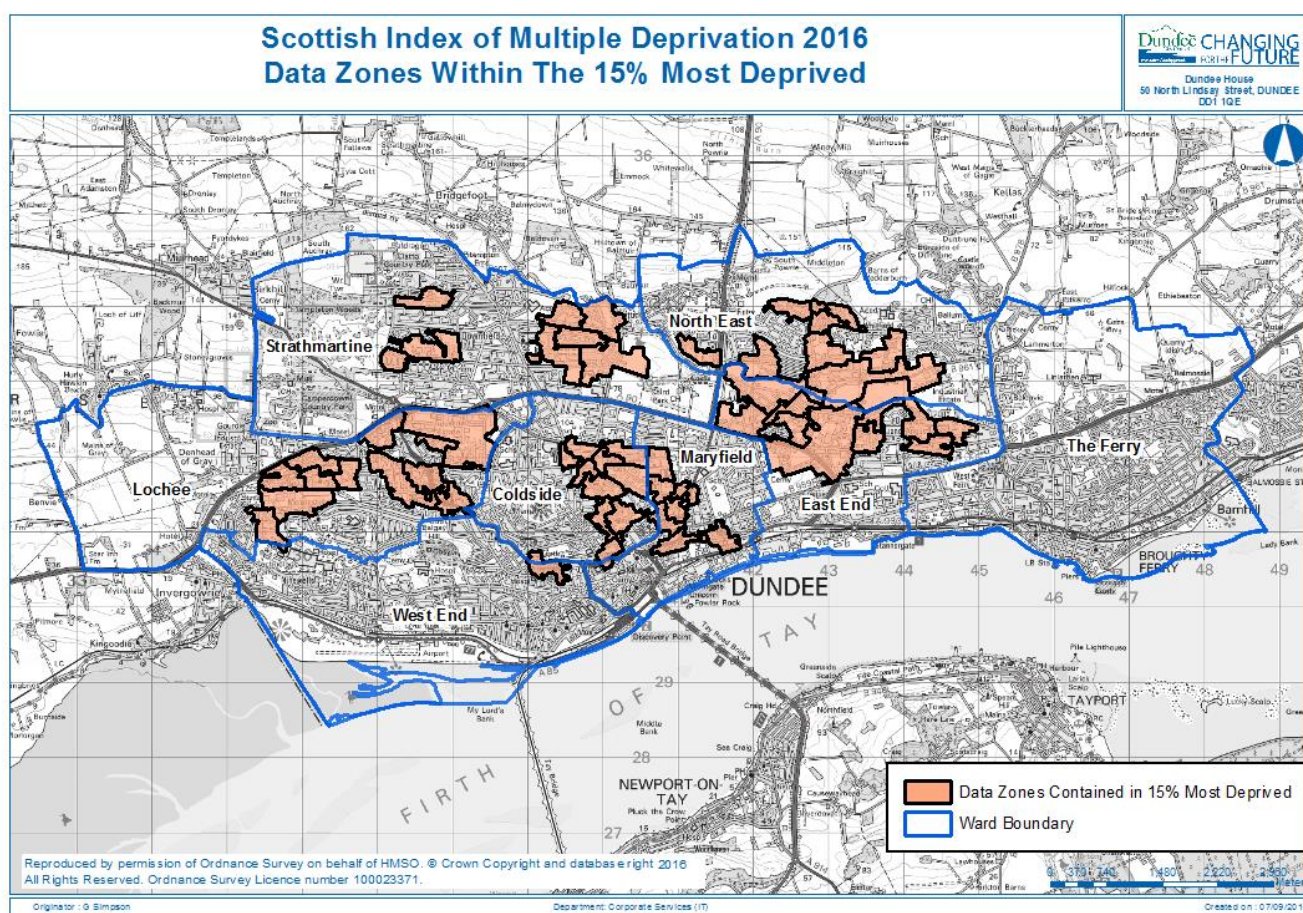
4.1 Scottish Index of Multiple Deprivation

The Scottish Index of Multiple Deprivation (SIMD) 2016 identifies small area concentrations of multiple deprivation across all of Scotland.

Deprivation in Dundee is high. 28.6% of the population lives in the 15% most deprived areas of Scotland and 37% who live in the 20% most deprived areas or SIMD quintile 1. Overall Dundee is the fifth most deprived local authority area in Scotland, with only Glasgow, Inverclyde, West Dunbartonshire and North Ayrshire having higher population living in SIMD quintile 1.

Figure 3 shows those areas in Dundee which are within the 15% most deprived areas in Scotland.

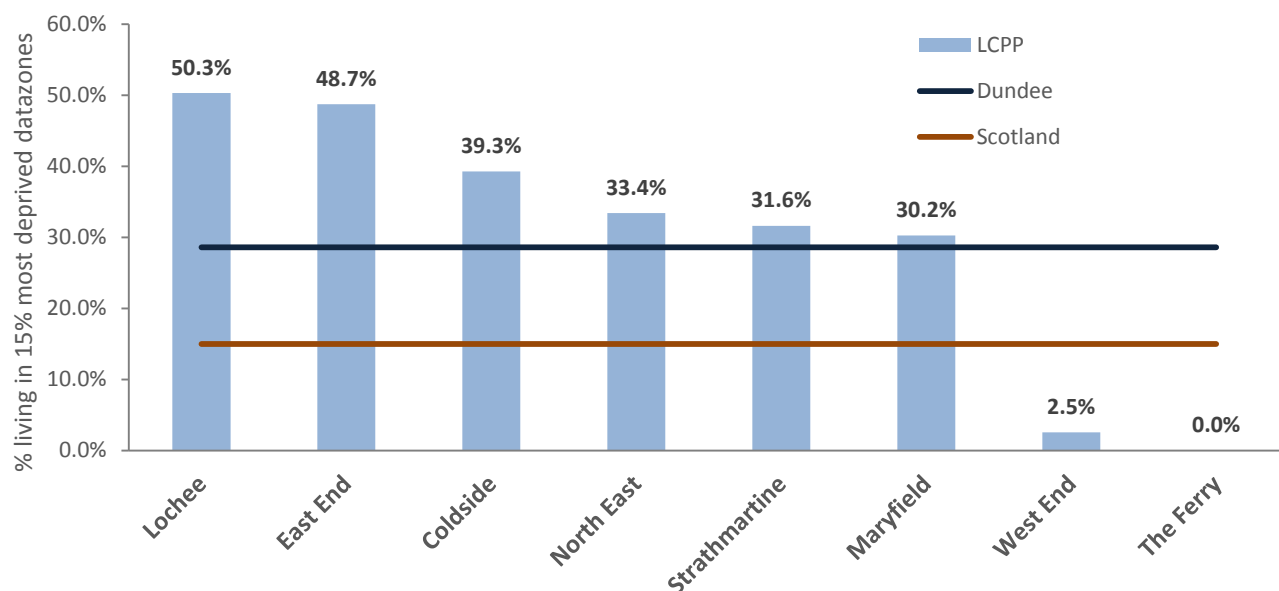
Figure 3: 15% most deprived datazones



Source: Map produced by Dundee City Council using data from Scottish Index of Multiple Deprivation 2016, Scottish Government

Chart 7 shows the percentage of people in Dundee living within the 15% most deprived areas in Scotland.

Chart 7: % of LCPP populations in 15% most deprived datazones in Scotland



Source: Scottish Index of Multiple Deprivation 2016, Scottish Government

Chart 7 also shows that six out of eight Dundee LCPP areas are above the Scottish average of 15% and six are above Dundee's average of 28.6%.

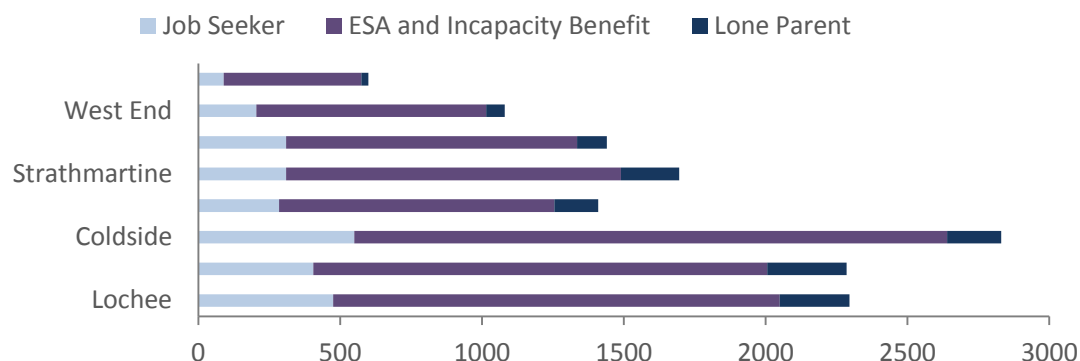
Approximately half of those living in Lochee and East End live in the 15% most deprived areas of Scotland.

The percentage of the population in 15% most deprived datazone has reduced significantly in Strathmartine and North East from 2012, Strathmartine were at 42% and North East 37.8%.

4.2 Benefit Claims and Income Deprivation

Dundee has one of the lowest employment rates and highest rates of people who are economically inactive in Scotland.

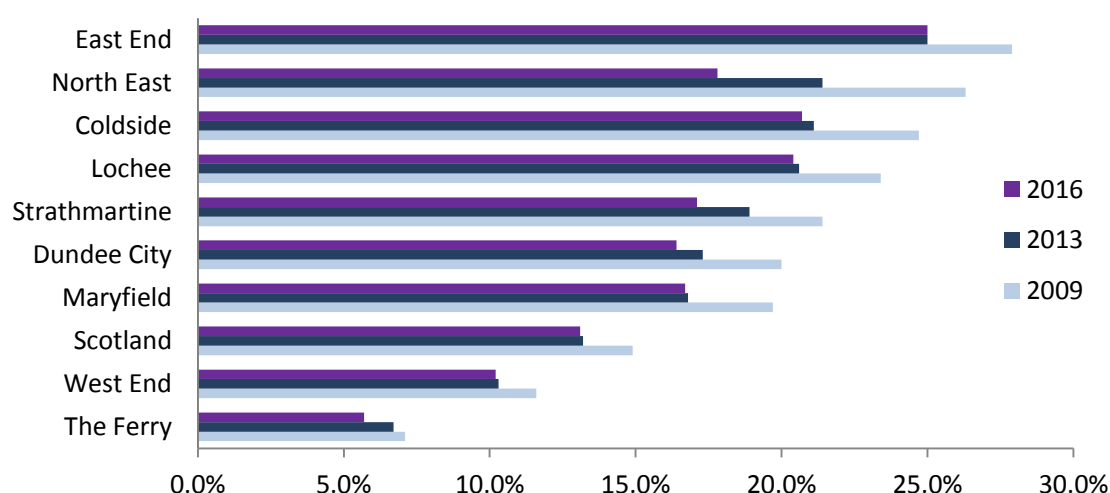
Chart 8 shows the number of people who claim state benefits in Dundee (Job Seekers Allowance, Employment and Support Allowance, Incapacity Benefit and allowances for lone parents) by LCPP area. There is significant geographical variation between the least (The Ferry) and most deprived (East End) LCPP areas.

Chart 8: Number of benefit claims in Dundee

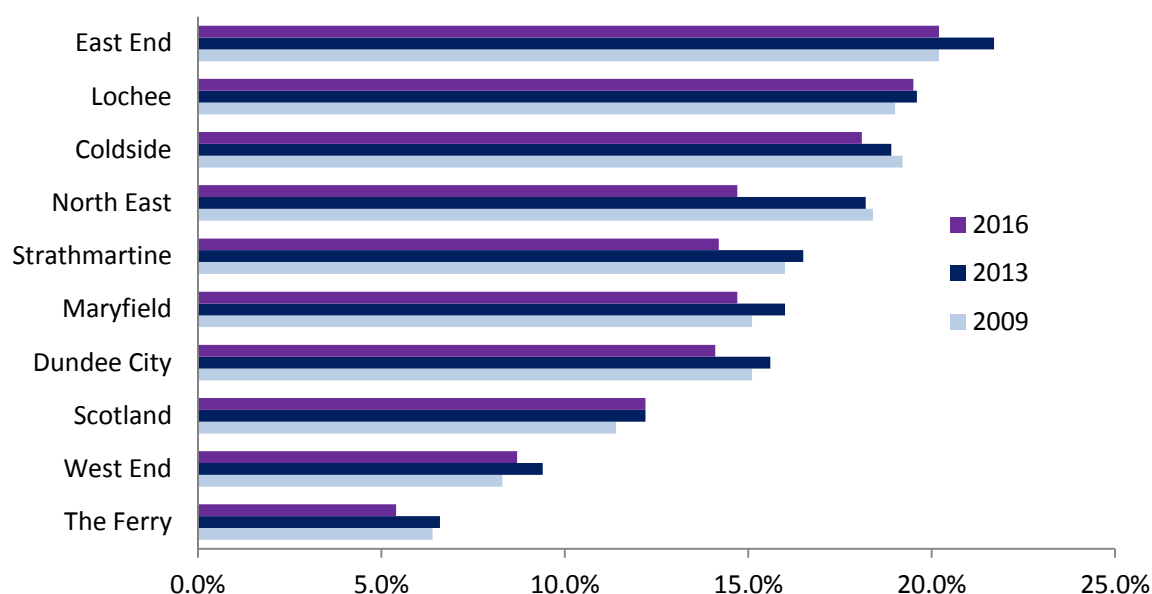
Source: Nomis Labour market profile, 2016

Charts 9 and 10 show that low income and unemployment is very high in some LCPP areas.

Chart 9 also shows that income deprivation continues to decrease and has fallen since 2009 in all of the LCPP areas. There continues to be a significant disparity between LCPP areas, on average there has been a 19.5% (low income) and 14.6% (employment deprived) difference between 2009 and 2016 with The Ferry consistently being the least affected and East End being the most affected. The figures suggest that the gap may be narrowing to some extent.

Chart 9: % of population in Dundee who are income deprived

Source: ScotPHO Dundee City Health and Wellbeing Profiles – key indicators and overview and Dundee Community Profiles 2016

Chart 10: % of population in Dundee who are employment deprived

Source: ScotPHO Dundee City Health and Wellbeing Profiles – key indicators and overview and Dundee Community Profiles 2016

4.3 Employment Support Service

The Employment Support Service provides support to those who have barriers to gaining employment.

In 2015-16 the Employment Support Service provided support to 164 people, of whom 112 were men and 52 were women. Within this number, the service provided support to 63 people with mental health issues, 41 with learning difficulties, 40 with physical disability or acquired brain injury, 10 with sensory impairment and 10 with no conditions.

Key Findings: Deprivation

- Dundee is the 5th most deprived local authority area in Scotland. 29% of the population lives in the 15% most deprived areas of Scotland.
- 6 out of 8 of Dundee's LCPP areas have deprivation levels which are above the Scottish average. We conclude that there are inequalities across the city as a result of deprivation.
- Dundee has one of the lowest employment rates and highest rates of people who are economically inactive in Scotland. There are inequalities across the eight LCPP areas.
- There are high numbers of benefit claimants in Dundee with variation across LCPP areas.

4.4 Health, Wellbeing and Lifestyle Factors

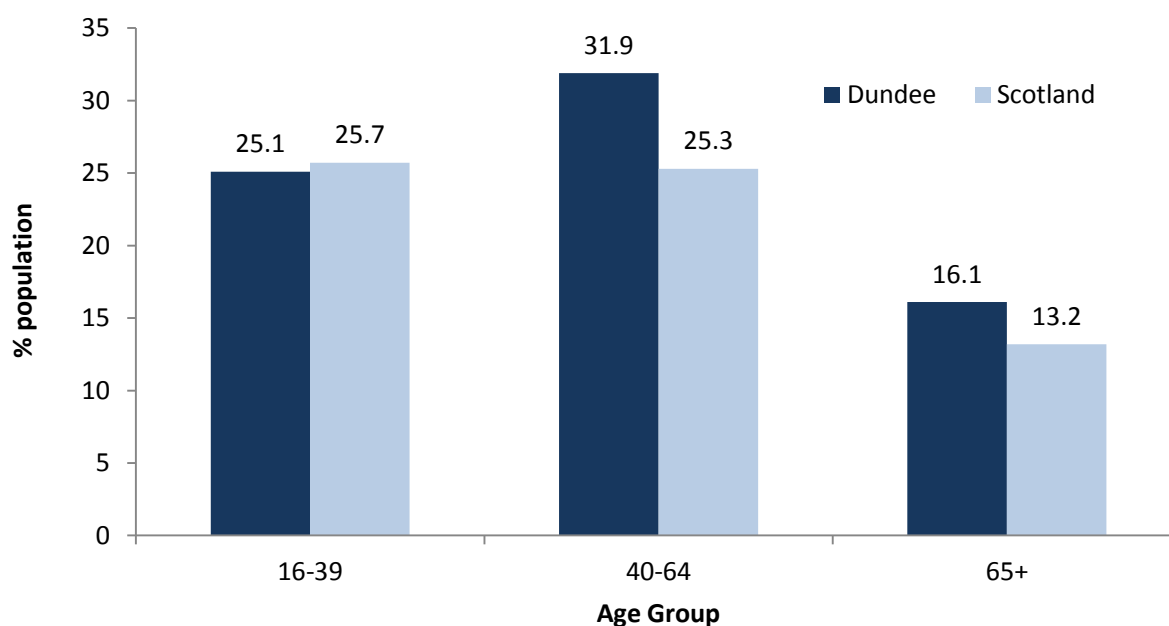
Health and wellbeing is known to vary by deprivation. Lifestyles that include smoking, unhealthy diet, the consumption of excess alcohol and recreational drugs are more prevalent in the most deprived localities. In general, people whose lifestyles include all or some of these factors have or will have poorer health and can experience a range of other risks to their wellbeing or safety.

4.5 Smoking

Smoking remains a major cause of poor health in Scotland. It is a Scottish Government priority to support those who want to stop smoking. NHS Scotland smoking cessation services provide support that has been shown to be both effective and cost-effective.

The current tobacco strategy, *Creating a Tobacco-Free Generation: A Tobacco Control Strategy for Scotland*, was published in March 2013 and set out a five year plan for action across the key themes of health inequalities, prevention, protection and cessation. By so doing, it is hoped to create a tobacco-free generation of Scots by 2034, defined by a smoking prevalence among the adult population of 5% or lower. (ISD, 2016)

Chart 11: % of population in Dundee who smoke tobacco, by age group



Source: ScotPHO, *Tobacco Control Profile*, 2013

Chart 11 shows that a higher percentage of people aged 40+ in Dundee smoke tobacco compared with Scotland as a whole. There is a known link between smoking and lung cancer. Lung cancer was the most common type of cancer, making up close to one-fifth of all cancers in Dundee. The percentage of people aged 16-39 who smoke tobacco in Dundee is similar to Scotland as a whole.

NSS ISD reported that the number of quit attempts made with the help of NHS smoking cessation services fell for the fourth consecutive year to 64,736 in 2015/16. This represents a 5% year-on-year decrease from 2014/15 compared to a 28% year-on-year fall between 2013/14 and 2014/15. The rise in the use of electronic cigarettes to help quitting may have contributed to these changes.

There is a clear gradient of service uptake across deprivation categories, with the highest uptake in the most deprived categories and the smallest in the least deprived. These figures are consistent with research reporting that smoking cessation services are effective in reaching deprived groups.

The Scottish Health Survey (published 20 September 2016) asked 5,000 people aged 16 and over, questions relating to smoking. The survey reported that:

- one in five adults (21%) were current cigarette smokers, similar to the rate in 2014 (21%).
- more men than women smoke (22% and 20% respectively).
- smoking prevalence was highest among those aged 25 to 54 (24-26%).
- levels of current e-cigarette use among adults increased significantly from 5% in 2014 to 7% in 2015, and was higher for those aged 25-64 (7-9%) than other age groups. Younger adults were much more likely to have ever tried e-cigarettes than older ones (22-26% of those aged 16-34, compared with 4-10% of those aged 65 and over)
- there was a significant decrease in children's reported exposure to second-hand tobacco smoke in the home from 11% in 2014 to 6% in 2015. The target to reduce the percentage of children exposed to smoke at home to 6% in 2020 has been met by 2015.
- 35% of adults in the most deprived SIMD quintile smoke compared to 11% in the least deprived SIMD quintile*
- 28% of adults with a limiting long-term health condition smoke compared to 18% of those who are not disabled*

* Scottish Government. National indicator data: reduce the percentage of adults who smoke. 04 October 2016. Available from: <http://www.gov.scot/Resource/0050/00506826.xls>

4.6 Obesity

Since 1980 there has been a 2 fold increase in child and adolescent obesity in Scotland and a 6 fold increase in adult obesity. Data on adult overweight and obesity are only available at Health Board level and estimates show that for people aged over 16 years, Tayside has a higher prevalence than Scotland as a whole. The underlying trend in Scotland is increasing and shows a strong link with inequalities therefore it is reasonable to conclude that the prevalence of overweight and obesity is high in Dundee.

In 2013/14 (when obesity was one of reported conditions in the Quality Outcome Framework) obesity was the long term condition with the third highest prevalence for people in Dundee.

Annual Statistics are collated for childhood obesity at Primary 1 entry and in 2015/16 Dundee's children were the third most overweight/obese in Scotland. In Dundee, 11% of all children in Primary 1 are at risk of obesity, compared with the Scottish average of 10%. In Dundee over one quarter of primary 1 children are at risk of overweight or obesity, compared to a Scottish figure of just over 22%.

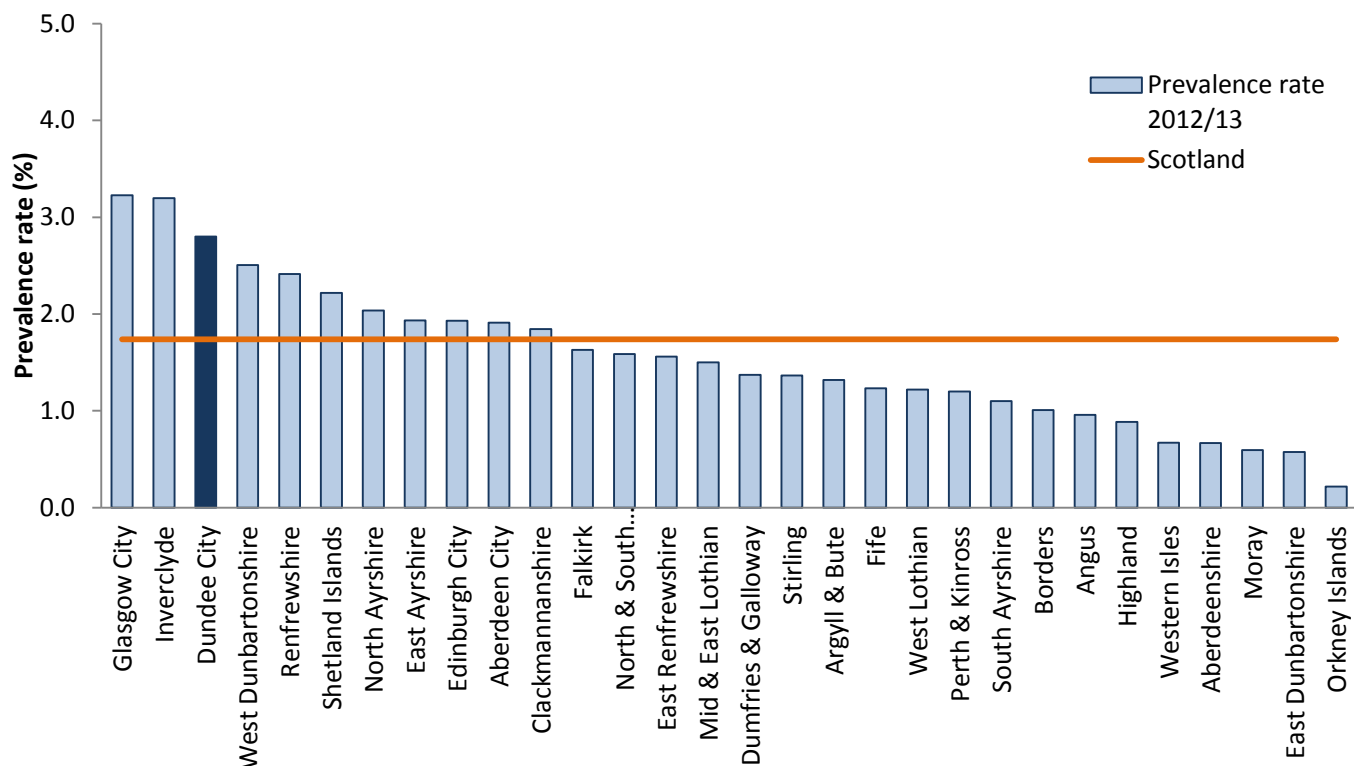
As well as the harms to individuals, obesity significantly harms communities. Some of these impacts are;

- A less physically active population
- Decreased productivity
- Increased sickness absence
- Increased demand on social care services (severely obese people are three times more likely to need social care than those of a healthy weight)

4.7 Drug Misuse

Chart 12 shows that Dundee has the 3rd highest prevalence of drug misuse in Scotland. There are an estimated 2,900 problem drugs users in Dundee. 1700 are male and 1200 are female. Dundee has a ratio of 59% males and 41% females, whereas Scotland has a ratio of 71% males and 29% females. The information in Chart 12 is presented as a percentage of the 16 to 64 population who are problem drug users.

Chart 12: Drug prevalence in Dundee as compared with other local authorities in Scotland

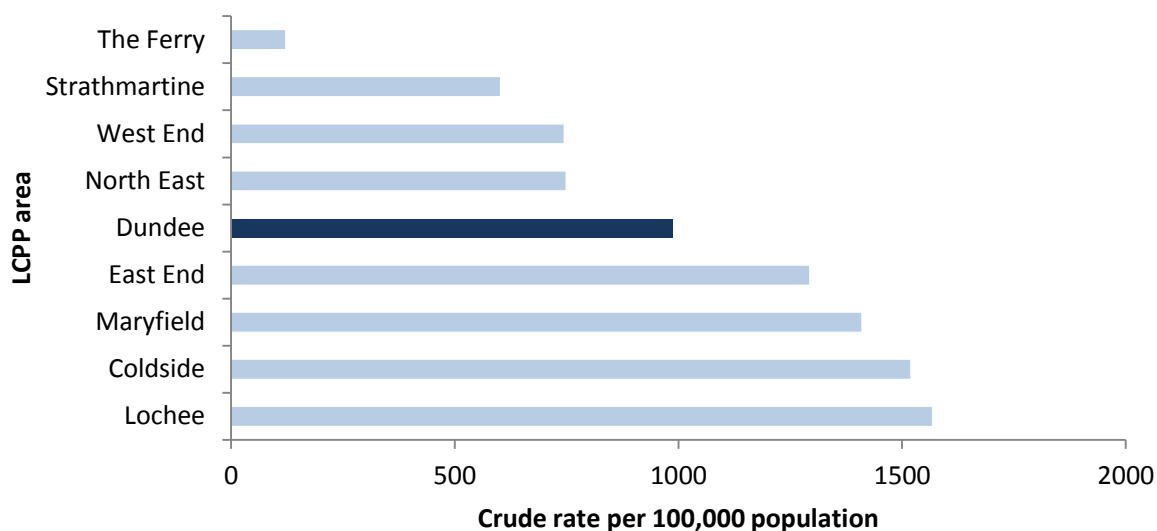


Source: Estimating the Prevalence of Problem Drug Use in Scotland 2012-13, ISD Scotland

Deprivation

Chart 13 shows a five year aggregate of drug related hospital discharges from 2011/12-2014/15. During this period Lochee and Coldside had the highest rates of drug related discharges. Strathmartine and The Ferry had the lowest rates in the time period. The majority (77%) of drug related hospital episodes in 2015/16 included the use of opioids.

Chart 13: Dundee City drug related hospital discharges by LCPP area of residence, 2011/12-2015/16



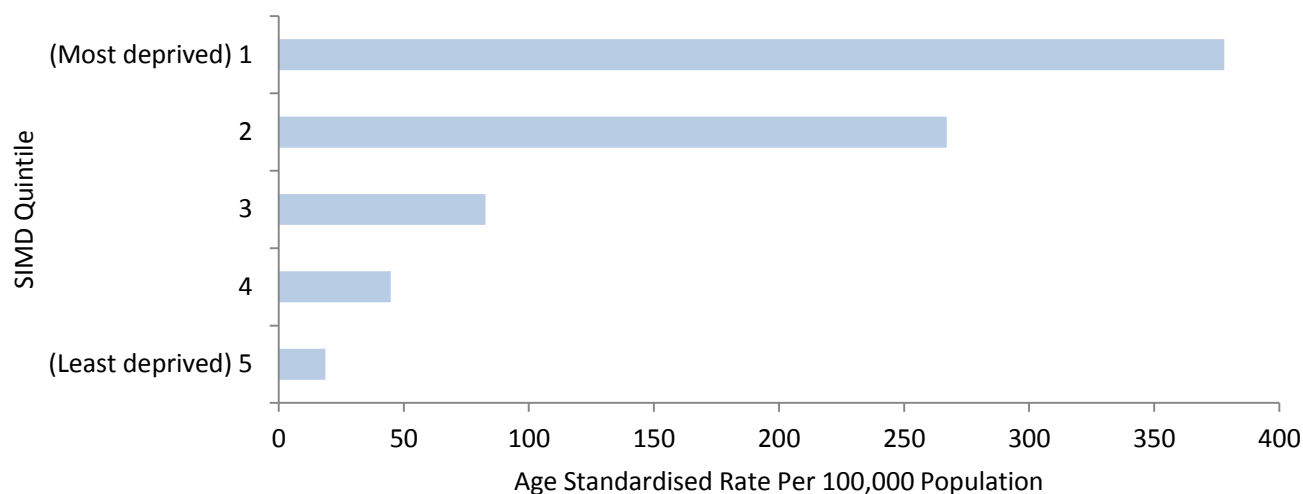
Source: Public Health Department, NHS Tayside

In Section 2, a description of deprivation was given which explained Dundee's deprivation in relation to the 15% most deprived areas of Scotland.

Deprivation can also be explained and understood by looking at SIMD quintiles. Quintiles split data into 5 groups, each containing 20% of the total data. SIMD Quintile 1 consists of datazones across the city that are the 20% most deprived.

Chart 14 shows that a clear inequality gradient exists in drug related hospital discharges by quintile. The rate of drug related discharges is 20 times higher in the most deprived SIMD quintiles (Quintile 1) than the least deprived (Quintile 5). There should be some caution exercised in interpreting the exact rate of difference however, as the numbers in SIMD Quintiles 4 and 5 are considerably lower.

Chart 14: Age standardised rate of drug related hospital discharges by SIMD quintile for Dundee City, 2015/16



Source: Public Health Department, NHS Tayside

As of March 2017, there were 1,207 people in Dundee in receipt of a methadone prescription.

Chart 15: Number of people referred to and commencing treatment for drug misuse within specialist services

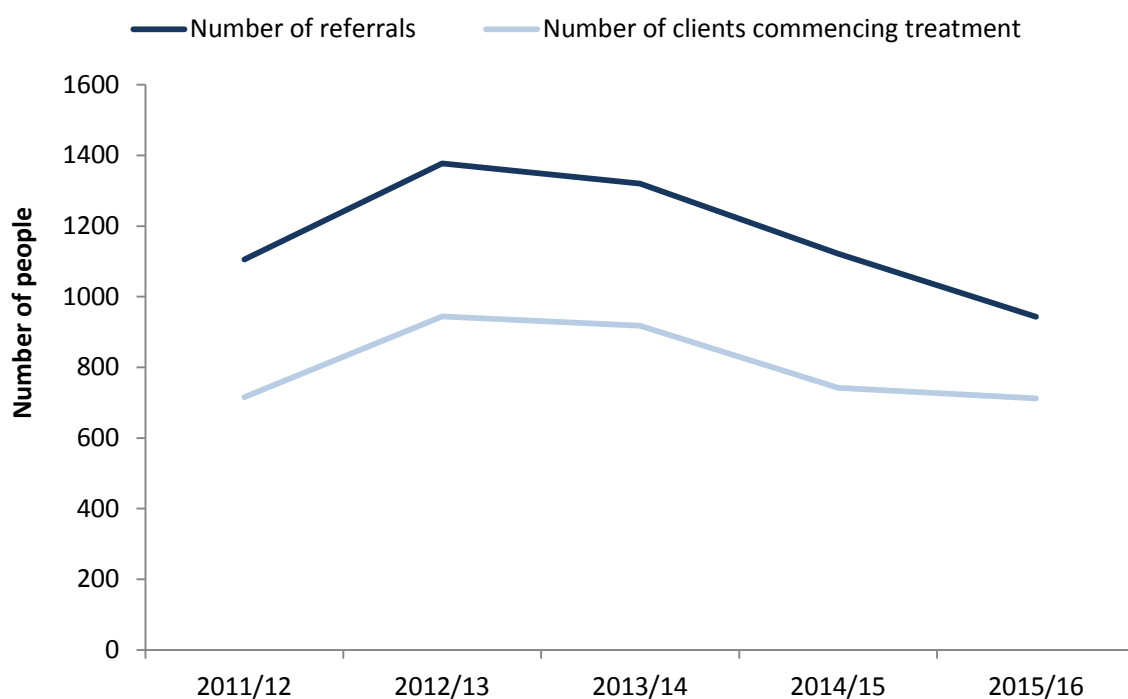
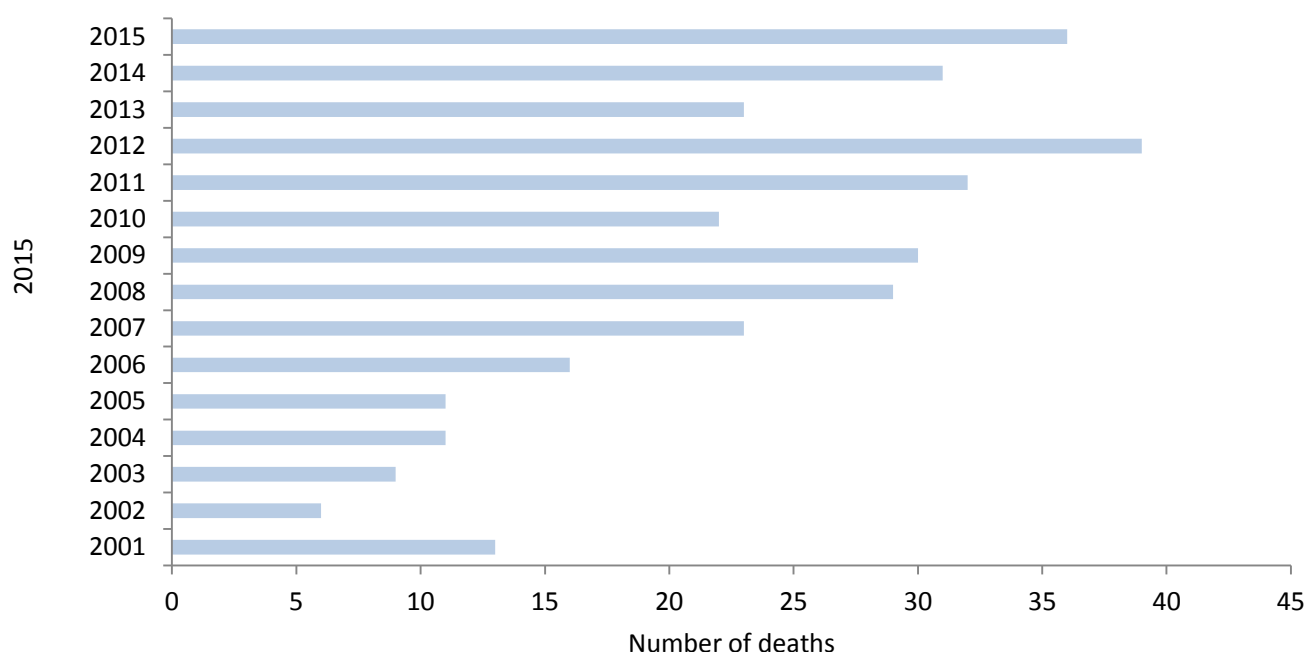


Chart 15 shows that in 2015/16 there were 949 referrals, with 712 people commencing treatment for drug misuse and specialist services.

Chart 16 shows the number of drug related deaths in Dundee in the years 2001–2015.

Chart 16: Number of drug related deaths in Dundee



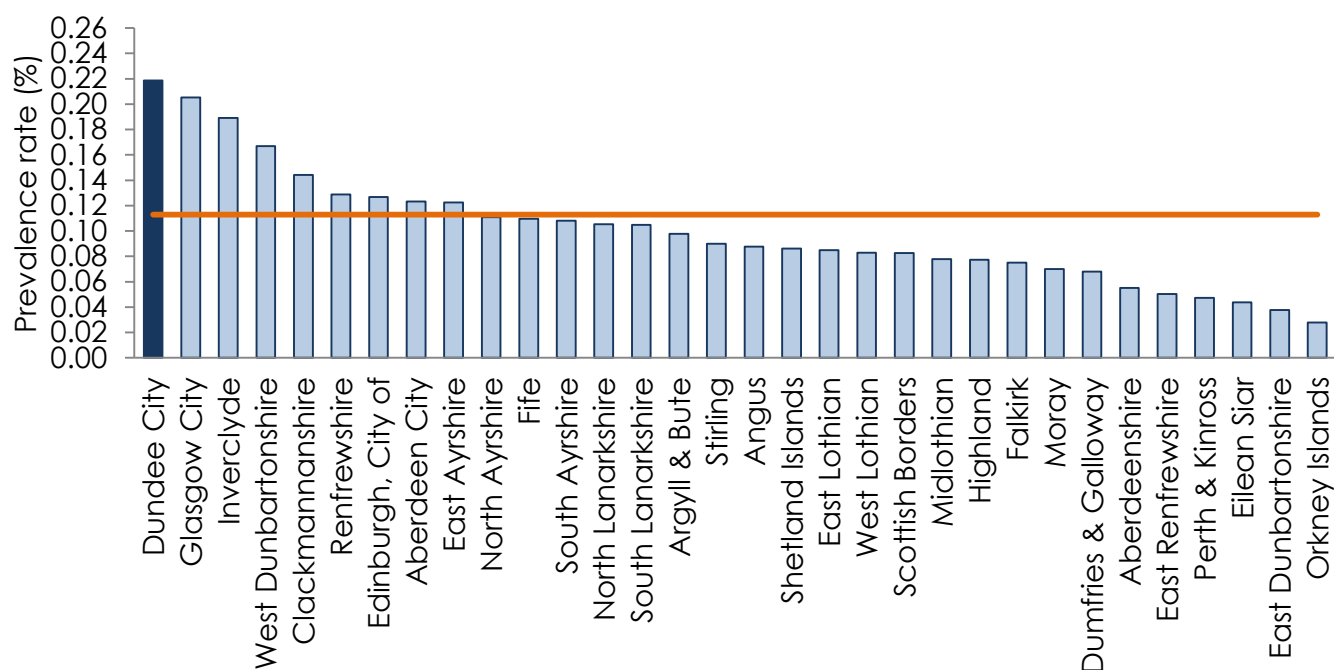
Source: National Records of Scotland

The number of drug related deaths in Dundee have increased since 2001, with a peak of 39 in 2012. In 2015, 706 drug related deaths were registered in Scotland, of which 36 were in Dundee.

The data in Chart 16 covers the period 2011-2015. Using a four year average mitigates any annual fluctuations, and shows that:

- For Scotland as whole, the average of 602 drug related deaths per year represented a death rate of 0.11 per 1,000 of the population.
- Dundee had an average of 32 drug related deaths per year, representing a death rate of 0.22 per 1,000 of the population. This is the highest rate of all local authority areas in Scotland.

Chart 17 shows the average number of drug related deaths per 1,000 of the population for each local authority area in Scotland.

Chart 17: Average drug related deaths per 1,000 population (2011 -15)

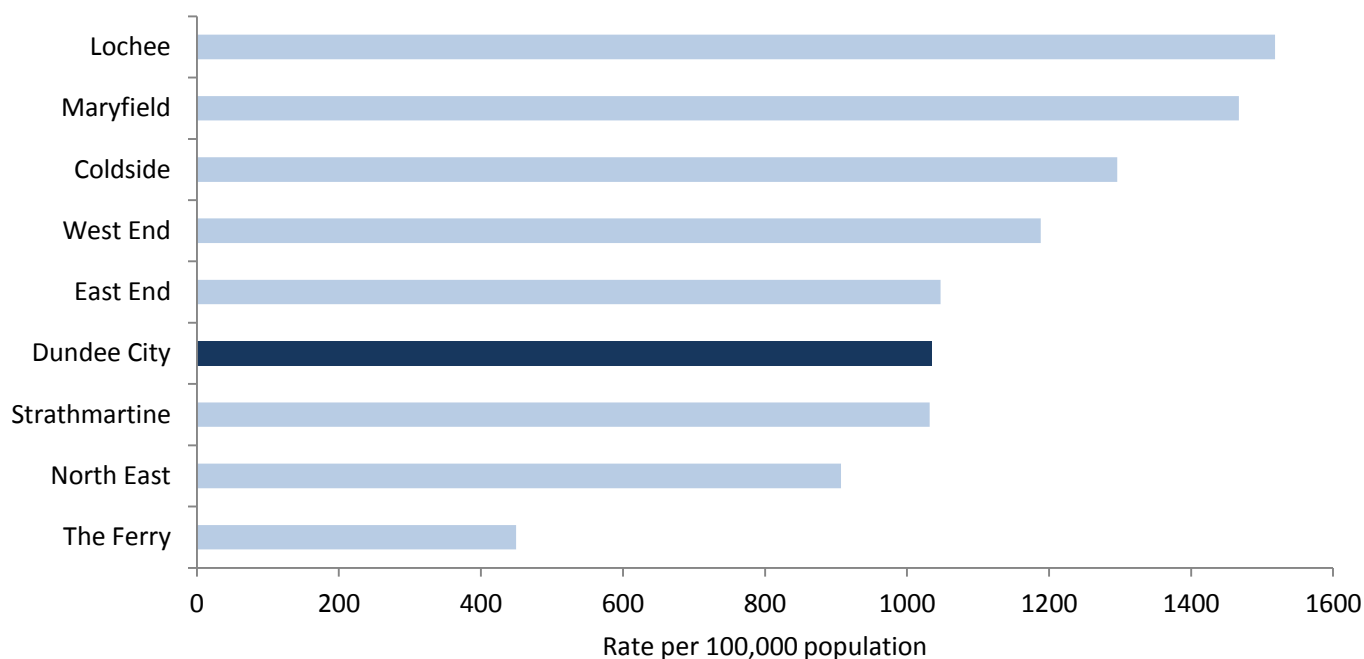
Source: Drug related deaths in Scotland 2015, National Records of Scotland

It is significant to note that Glasgow and Inverclyde (as the only two local authority areas in Scotland with higher levels of deprivation than Dundee) follow Dundee with the next highest rates of drug related deaths. These figures demonstrate the strong link between deprivation and drug misuse, as well as the impact drug misuse has on some of our most vulnerable communities in Dundee.

4.8 Alcohol Misuse

There is a strong link between deprivation and alcohol related harm. The alcohol related Accident and Emergency (A&E) attendance rate across Dundee in 2015 varied from 1,518 per 100,000 in the LCPP area of Lochee to 449 in The Ferry.

Chart 18: Dundee City alcohol related presentation rate to A&E, by LCPP area, 2015



Source: Public Health Department, NHS Tayside

Chart 18 shows that with the exception of the West End the areas with higher deprivation levels account for the highest rates of alcohol related A&E attendances.

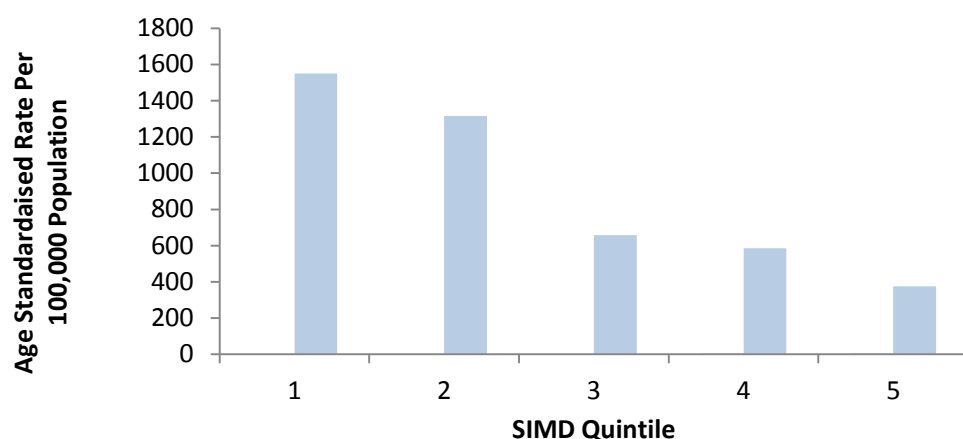
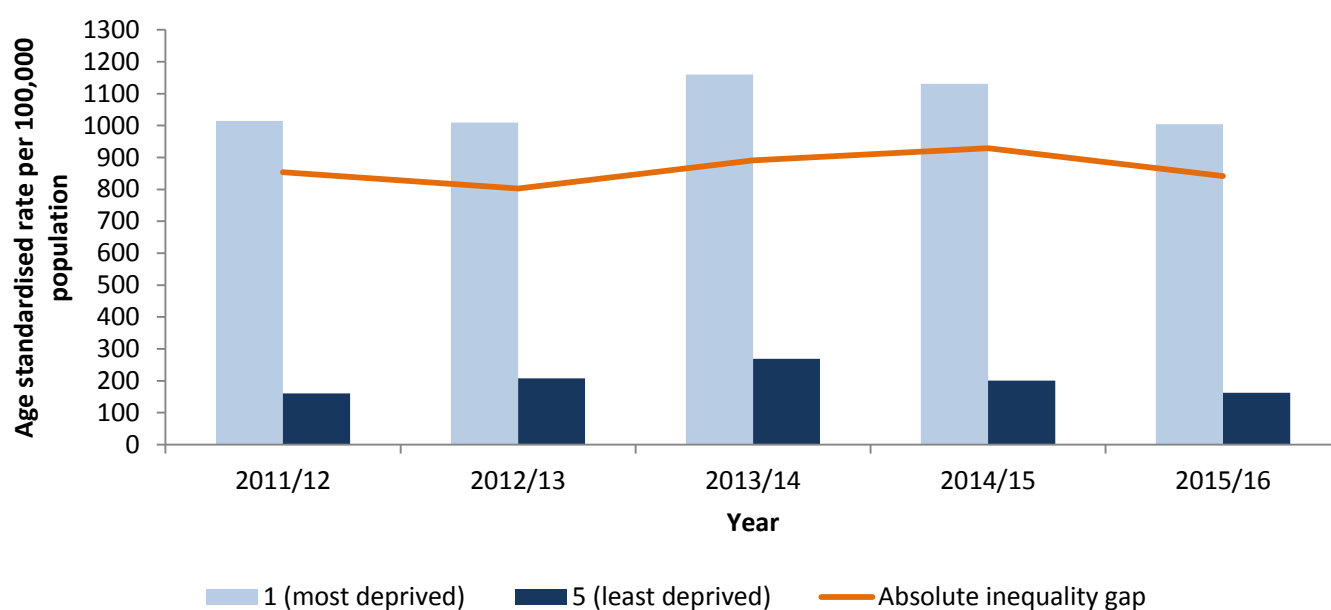
Chart 19: Dundee City alcohol related presentation rate to A&E, by SIMD quintile, 2015

Chart 19 shows there is a clear deprivation gradient for alcohol related attendances at A&E, with individuals from the most deprived areas accounting for 4 times the rate of presentations compared with those from the most affluent areas.

Alcohol related hospital discharges, although smaller in number, display a similar trend to A&E attendances. The rate of discharges for those who live in the most deprived LCPP areas is 6.2 times higher than for those living in the least deprived areas.

Chart 20 demonstrates the large inequalities gap in alcohol related hospital discharges in Dundee between the most and least deprived parts of the city.

Chart 20: Inequalities gap between SIMD Quintiles 1 and 5 in alcohol related hospital discharges in Dundee 2011/12 to 2015/16

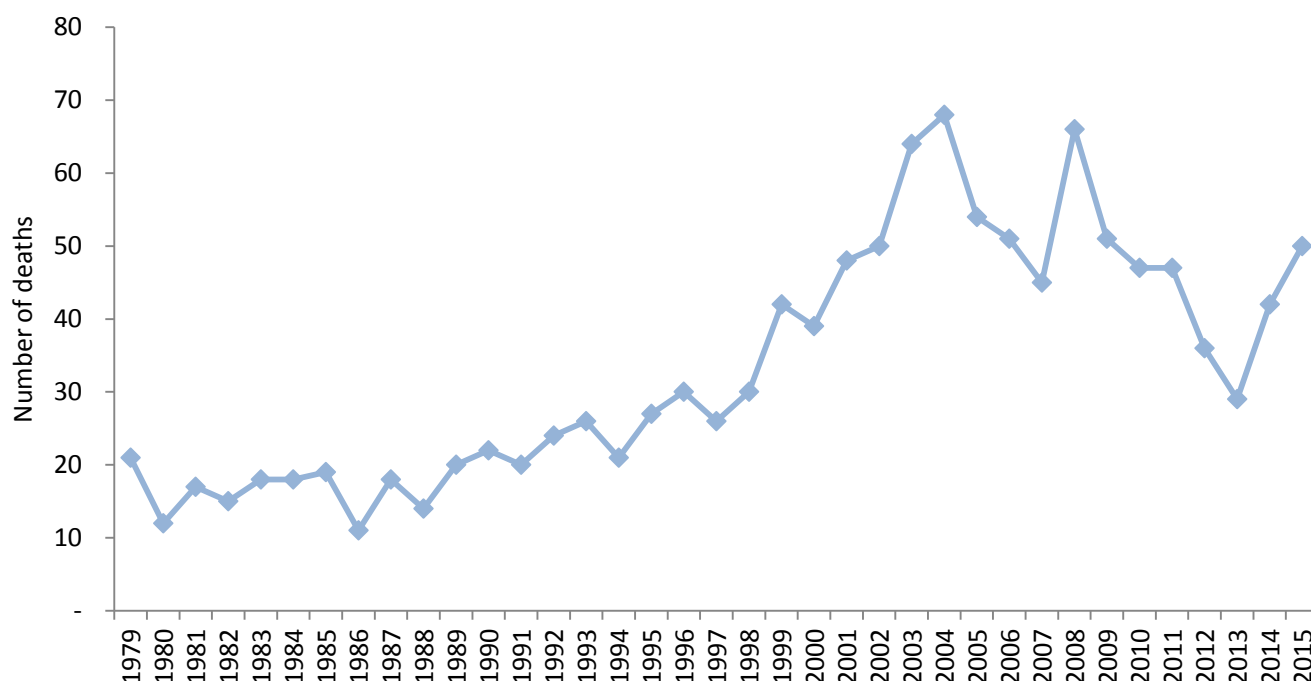
Source: Public Health Department, NHS Tayside

Deprivation

The absolute inequality gap measures the difference between rates in the most and least deprived areas. Chart 20 shows that the gap decreased in 2015/16 but only to a similar position it had been in 2011/12.

Alcohol related deaths have increased over time, peaking at 68 in 2004. Chart 20 illustrates the trend in deaths from alcohol related conditions since 1979. In 2015 there were 50 alcohol related deaths recorded, continuing the increasing trend seen in 2014.

Chart 21: Number of alcohol related deaths in Dundee City, 1979-2015



Source: National Records of Scotland 2016

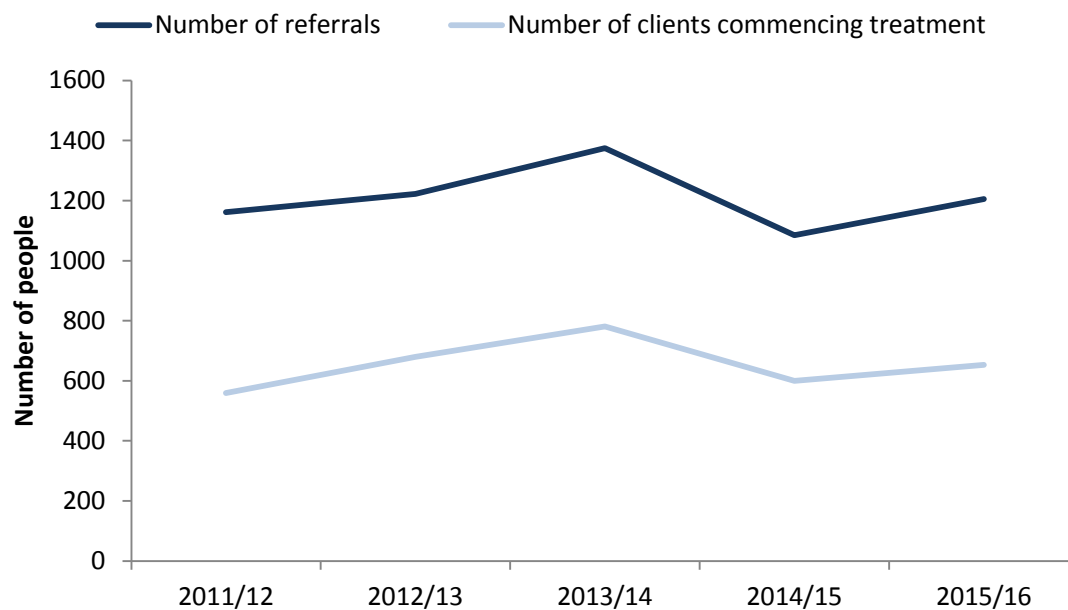
Chart 22: Number of people referred to and commencing treatment for alcohol misuse within specialist services

Chart 22 shows that in 2015/16 1,205 people were referred to alcohol misuse specialist services, with 653 people commencing treatment.

4.9 Sexual and Reproductive Health and Wellbeing, and Blood Borne Virus

As with many of the other poor life outcomes for people in Dundee, there is a strong correlation between deprivation and poor sexual health and blood borne virus.

Approximately 1% of the Scottish population live with Hepatitis C (HCV), 80% of whom will go on to develop chronic disease. Prevalence rates are much higher in people who inject drugs of whom an estimated 34% are infected with HCV. It is estimated that there are approximately 2,400 people with HCV living in Dundee. (Health Protection Scotland, 2015).

New therapies have been developed to improve treatment outcomes, and these have increased cure rates to over 95% of cases, even for those with advanced disease. However, despite considerable success in diagnosing those with HCV, there remains a significant undiagnosed population, posing a risk both to individuals' own health, as well as an ongoing transmission risk to others. It is estimated that for each person with undiagnosed HCV there will be between 7 and 30 new infections over a 10 year period.

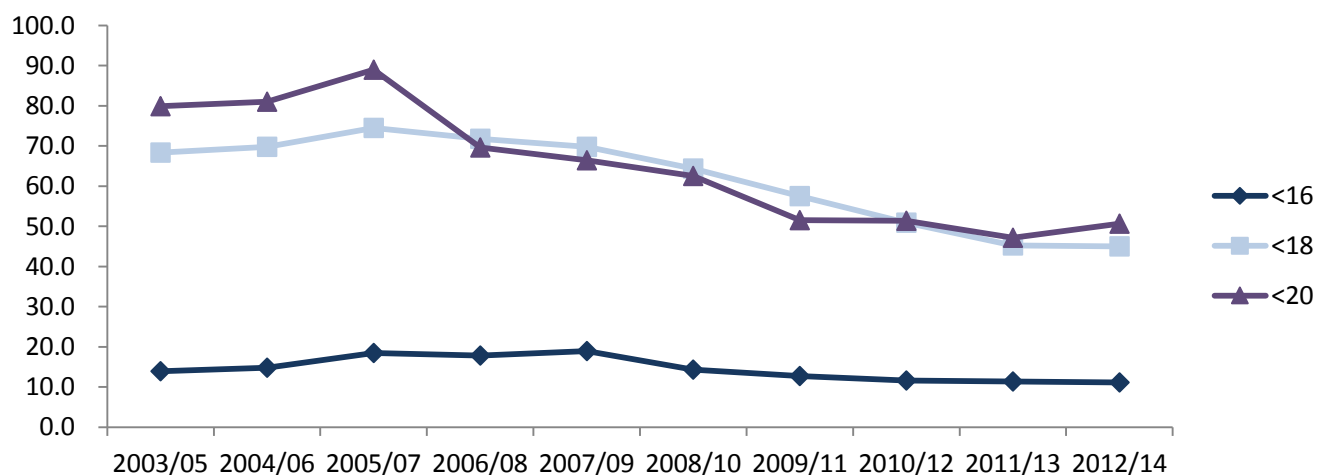
Whilst the prevalence of HIV is relatively low, the burden of disease is unequal, with men who have sex with men being at the greatest risk of transmission. Approximately 24% of people living with HIV are undiagnosed, and over 50% are diagnosed late or very late, with significant implications for their own health, as well as the risk presented to others.

57% of the diagnosed population in Tayside live in Dundee. Sexually transmitted infections are most prevalent in the under 25's and among men who have sex with men.

4.10 Teenage Pregnancies

The latest teenage pregnancy data for 2014 shows that rates of teenage pregnancy continue to reduce year on year in Tayside. Rates have reduced by almost 50% since 2007 and are now at the lowest levels since records began. From consistently having the highest rate in Scotland, Tayside is now below the national average for teenage pregnancy for the under 20 age group.

Chart 23: Teenage pregnancies in Dundee: rate per 1,000 females (3 year rolling averages)

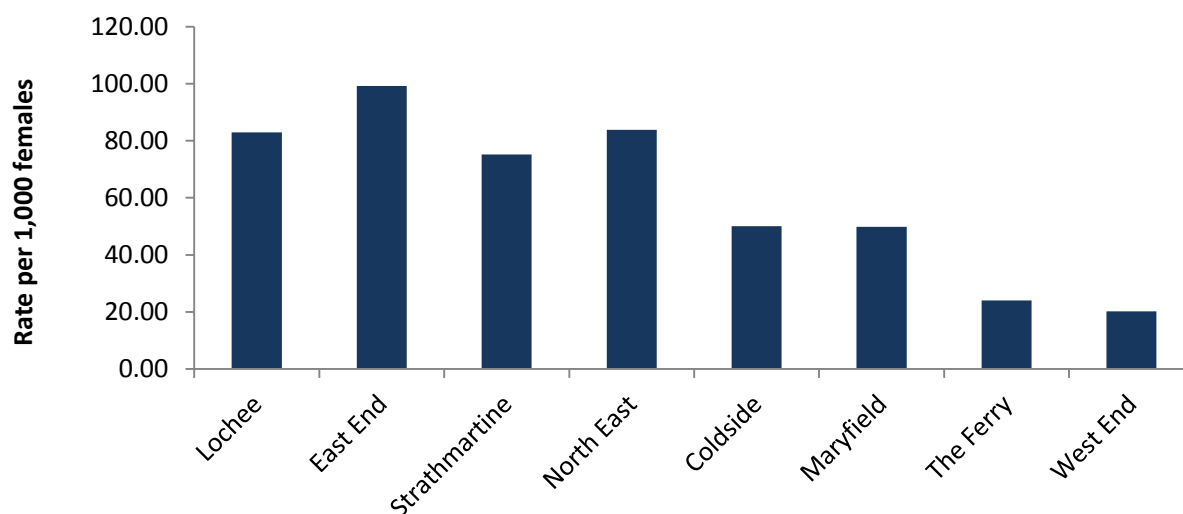


Source: ISD July 2015

Deprivation

Dundee shows a similar downward trend. Chart 23 shows that the rate of teenage pregnancies for females aged under 20 has reduced by almost 50% since 2007, and both the under 18 and under 16 rates have remained consistent.

Chart 24: Teenage Pregnancy rate per 1,000 females by LCPP, 2010-12



Source: ScotPho, 2015

Chart 24 is organised in order of highest deprivation to the left and lowest deprivation to the right. There is a trend between the teenage pregnancy rate and deprivation, with a higher rate of females aged under 20, living in the most deprived LCPP areas who become pregnant, compared with females living in the most affluent LCPP areas.

The Corner is an information and peer led service for children and young people in Dundee. In 2016/17, 2038 people accessed a sexual health service provided by The Corner multi-professional team. Over the years there has been an increase in young people accessing contraception, an indication of more young people taking a preventative approach to potential pregnancy.

Key Findings

Sexual and Reproductive Health and Wellbeing, Blood Borne Virus (BBV) and Teenage Pregnancies

- There is a strong correlation between deprivation, poor sexual health and BBV.
- It is estimated that there are approximately 2,400 people with Hepatitis C (HCV) living in Dundee. 80% of people with HCV will develop chronic disease, but cure rates have now risen to 95%+.
- There is a significant undiagnosed population with HCV and it is estimated that for each person with undiagnosed HCV there will be between 7 and 30 new infections over a 10 year period.
- Approximately 24% of people living with HIV are undiagnosed and over 50% are diagnosed late or very late, with significant implications for their own health, as well as the risk presented to others. 57% of the diagnosed population in Tayside live in Dundee.
- The rate of teenage pregnancies for females aged under 20 has reduced by almost 50% since 2007 and the teenage pregnancy rate for females aged under 16 has remained consistent.
- There is a link between teenage pregnancy rates and LCPP area. The most deprived LCPP areas have the highest rates.

5.0 Long Term Health Conditions

5.1 Prevalence of Long Term Health Conditions

The Quality & Outcomes Framework (QOF) was a performance management system to improve the quality of General Practice services. The QOF register, which is no longer included in the 2018 General Medical Services Contract in Scotland, gave prevalence data for a range of conditions.

It is recognised that QOF registers were affected by a range of factors including differences in:

- health care seeking behaviour
- access to services
- coding or definitional issues
- diagnostic practice
- data recording practice

At the same time QOF rates are crude, taking no account of differences between populations in terms of:

- demographic structure
- other factors that influence the prevalence of health conditions

Table 1: QOF Prevalence Dundee

Health Condition	15/16 Prevalence	14/15 Rate *	15/16 Rate *	Trend
Asthma	10187	6.3	6.3	↔
Atrial Fibrillation	2679	1.6	1.7	↑
Cancer	3447	2.0	2.1	↑
CHD (Coronary Heart Disease)	6531	4.1	4.0	↓
CKD (Chronic Kidney Disease)	4813	3.1	3.0	↓
COPD (Chronic Obstructive Pulmonary Disease)	4839	2.9	3.0	↑
Dementia	1543	0.9	1.0	↑
Depression	9392	5.4	5.8	↑
Diabetes	8655	5.2	5.3	↑
Heart Failure	1664	1.0	1.0	↔
Hypertension	22352	14.0	13.8	↓
Mental Health	1920	1.1	1.2	↑
Osteoporosis	268	0.1	0.2	↑
Peripheral Arterial Disease	1916	1.2	1.2	↔
Rheumatoid arthritis	904	0.5	0.6	↑
Stroke & Transient Ischaemic Attack	3812	2.3	2.4	↑

Source: QOF prevalence data, ISD Scotland *Rate per 100 people

The column which is titled 'trend' in Table 1 has been colour coded, to show prevalence which has increased (red), remained the same (yellow) or reduced (green) between 2014/15 and 2015/16.

Table 1 shows that prevalence for ten of the long term conditions increased between 2014/2015 and 2015/2016, three decreased and three stayed the same.

In 2015/16, the long term conditions with highest prevalence in Dundee were:

1. Hypertension
2. Asthma
3. Depression
4. Diabetes
5. Coronary Heart Disease (CHD)

In 2015/16, Dundee had higher prevalence than Scotland for:

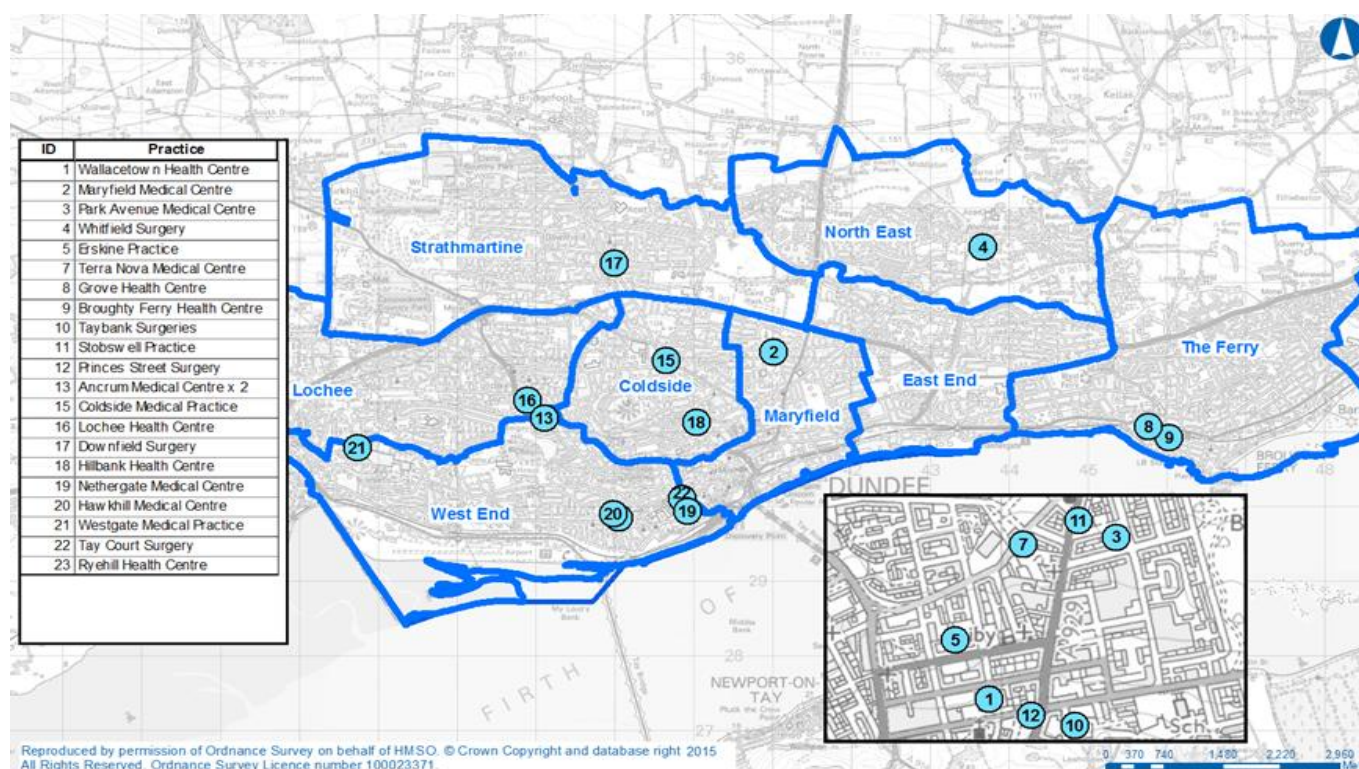
- COPD
- Dementia
- Diabetes
- Heart Failure
- Mental Health
- Osteoporosis
- Peripheral Arterial Disease
- Stroke & Transient Ischaemic Attack

In Dundee there is not a link between where a person lives and which GP practice they attend. Many people choose to travel across the city to attend a GP appointment.

Analysis by long term condition prevalence was completed at LCPP area level, however results were found to be flawed for this reason.

During analysis, it was found that data was skewed by GP practice populations. Localities with the largest GP practice populations had the highest prevalence rate when calculating rate against the locality population.

Future analysis will look at SPARRA (Scottish Patients and Risk of Admission and Readmission Algorithm) scores and also pharmacy data as proximal indicators of long term condition prevalence by LCPP area.

Figure 4: Location of Dundee GP Practices

The map in Figure 4 shows the distribution of GP surgeries in Dundee. There are GP practices not shown on the map, as they are out-posted from other GP practices. The Douglas surgery is not shown, as it is run by a GP Practice based in Wallacetown Health Centre, and the Finmill surgery is not shown as it is run by Erskine Practice based at Arthurstone Medical Centre.

The map shows that GP practices are not evenly spread across the city and there is a cluster of practices in the Maryfield LCPP area. Additionally there are only 3 GP surgeries situated to the north of The Kingsway.

Dundee GP surgeries have unusual registration patterns. Most people are registered with GP surgeries outwith the area where they live. Table 2 shows which GP surgeries people are most likely to be registered with, by area where they live.

Table 2: GP Practices where people are most likely to be registered, by LCPP area in which they live

LCPP area	GP Practices where people are most likely to be registered by LCPP area in which they live
Coldside	Hillbank Health Centre (14%), Coldside Medical Practice (11%)
East End	Wallacetown Health Centre (17%), Mill Practice (10%)
Lochee	Westgate Medical Practice (16%), Lochee Health Centre (14%)
Maryfield	Taybank Surgeries (10%), Nethergate Medical Centre (9%)
North East	Mill Practice (17%), Taybank Surgeries (7%)
Strathmartine	Downfield Surgery (22%), Coldside Medical Practice (8%)
The Ferry	Broughty Ferry Health Centre (35%), Grove Health Centre (22%)
West End	Hawkhill Medical Centre (30%), Nethergate Medical Centre (13%)

The LCPP areas with the highest rates of people with one or more health condition are East End, Coldside and Lochee. However Table 2 shows that in Coldside, for example, only 25% of the population choose to attend a GP Practice closest to where they live.

5.2 Prevalence of Multi-Morbidities Experienced at a Younger Age

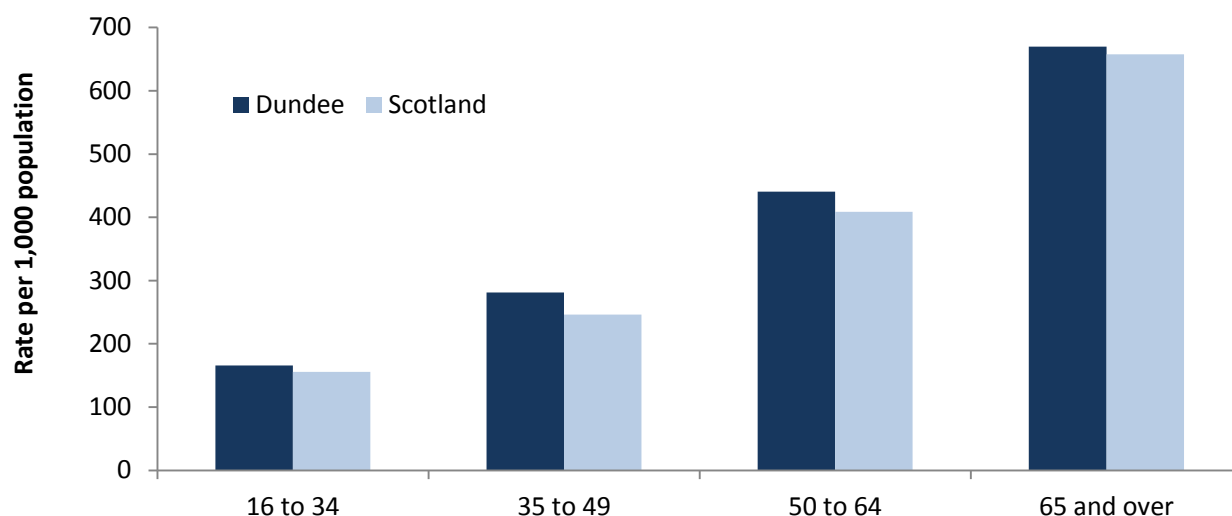
A recent Scottish cross-sectional study of 1.8 million people found that, while the prevalence of two or more health conditions increased with age, the number of cases under 65 years old was greater than those 65 years and older (Barnett, et al., 2012). In addition, the onset of multi-morbidity was 10 to 15 years earlier for those living in the most deprived areas, with this group experiencing a greater prevalence of mental health disorders. These findings are also consistent with those within the Kings Fund review of long-term conditions and mental health, which reported that those with long-term conditions and co-morbid mental health problems disproportionately lived in deprived areas with access to fewer resources.

“People with long-term conditions and co-morbid mental health problems disproportionately live in deprived areas and have access to fewer resources of all kinds. The interaction between co-morbidities and deprivation makes a significant contribution to generating and maintaining inequalities” (Naylor et al 2012)

While we expect the number of older people to rise over the next 22 years (and therefore the number of people with one or more health conditions) we also know that the effects of deprivation and health inequalities lead to more people in Dundee experiencing age associated morbidities and multi-morbidities (more than one health condition) at a younger age than many people living elsewhere in Scotland. This means that many people enter older age with pre-existing health conditions and that they have a need for higher levels of health and social care at an earlier stage than people of the same age in other parts of the city or other areas of the country.

Chart 25 shows the rate of people living in Dundee and Scotland who have one or more health condition.

Chart 25: One or more health condition: rate per 1,000 of the population (aged 16 and over) in Dundee and Scotland

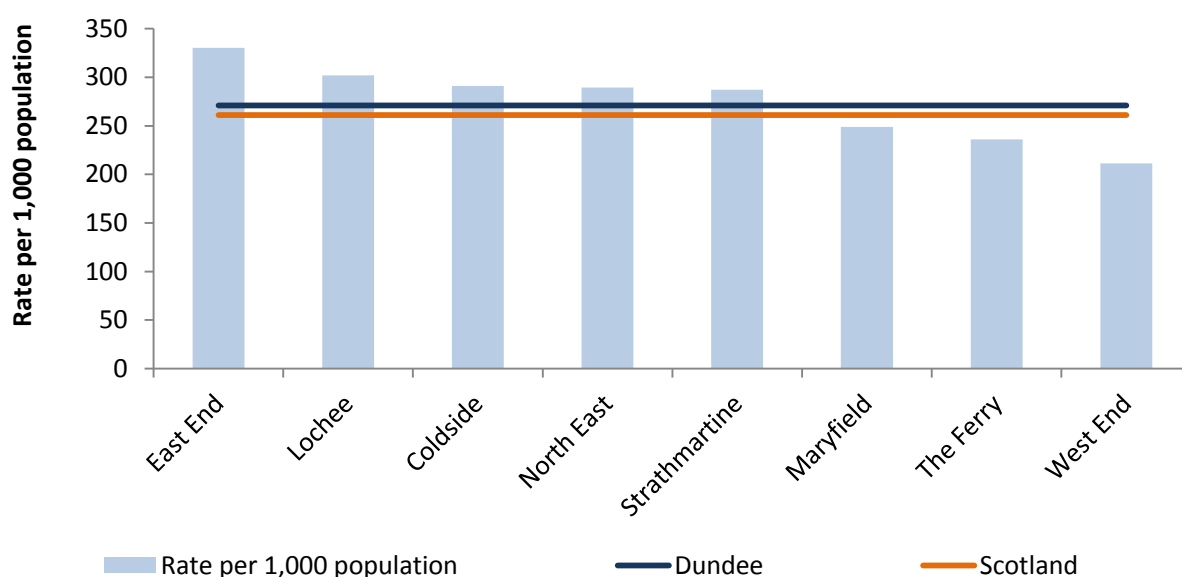


Source: Scotland Census 2011

Chart 25 shows that across each age group the rate of people in Dundee is higher than in Scotland as a whole.

There is however considerable variation in multi-morbidity rates **between LCPP areas** across the city, and not all LCPP areas contribute to this trend. Charts 26 and 27 show the rate of people (aged 16-64, and those over 65) with one or more health condition in each LCPP area, as compared with the Dundee and Scotland average rates.

Chart 26: Number of people per 1,000 of the population (aged 16 to 64) with one or more health condition by LCPP area, Dundee and Scotland



Source: Scotland Census 2011

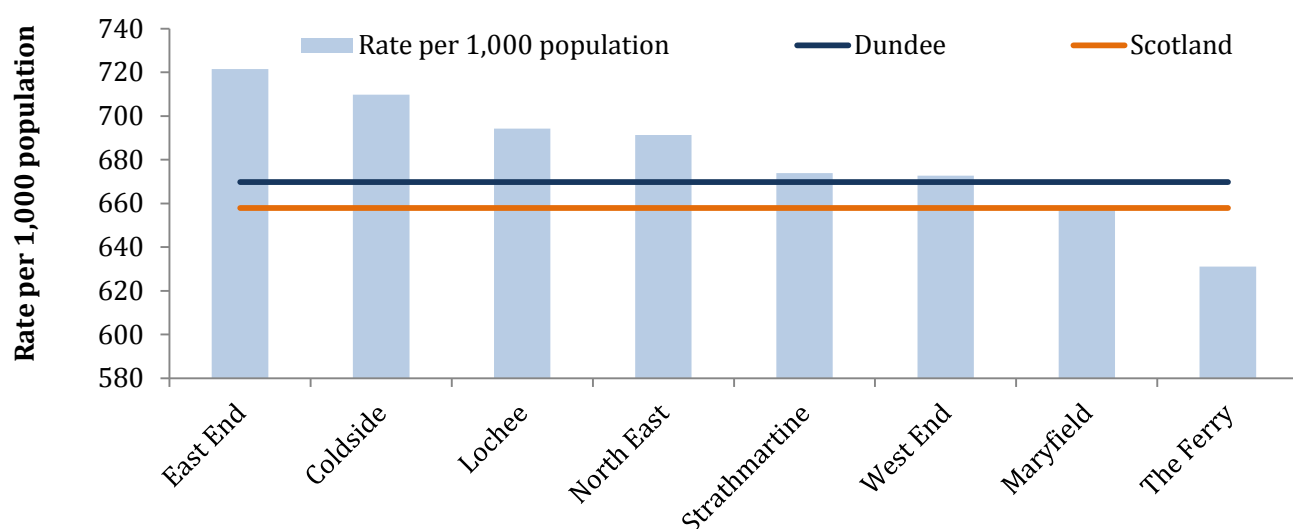
It has already been noted that the East End and Lochee are the LCPP areas with the highest levels of deprivation and these figures indicate that they also have the highest rates of

Deprivation

people experiencing multiple health conditions compared with the more affluent parts of Dundee and Scotland.

There is extensive evidence of the relationship which exists between deprivation and health conditions. These figures demonstrate the level of impact deprivation is having on the health of people aged 16-64 living in LCPP areas across the city.

Chart 27: Number of people per 1,000 of the population (aged 65 and over) with one or more health conditions by LCPP area, Dundee and Scotland



Source: Scotland Census 2011

As with the analysis of the 16-64 age group in Chart 26, Chart 27 shows the level of morbidity and multi-morbidity for people aged 65+ in each LCPP in Dundee, as compared with the average rates in Dundee and Scotland. These figures identify the East End and Lochee (the two LCPP areas with the highest levels of deprivation in the city) as having correspondingly high levels of associated morbidity and multi-morbidity for the aged 65+ group also.

However it is relevant to note that the same correlation is not in evidence for the Coldside LCPP which has the second highest rate of people aged 65+ with one or more health condition, but only the 5th highest deprivation in the city. This is partly due to the high number of people aged 65+ who live in the cluster of very sheltered housing and housing with care located within this LCPP area.

This population aged 65+ has frequently relocated from other LCPP areas, including those that have the highest levels of deprivation, to live in accommodation with support provided in Coldside. The higher rate of multi-morbidities for the Coldside LCPP area will at least in part reflect the impact of deprivation experienced by those who have previously lived in more deprived parts of the city.

Variation in Deprivation and Multi-Morbidity Levels within LCPP areas

As well as the variation that exists **between** Dundee's eight LCPPs, there is also variation in levels of deprivation and health conditions **within** each of these LCPP areas. Detailed analysis shows that there are neighbourhoods experiencing deprivation and multi-morbidities at even greater rates than presented at LCPP level. Conversely, there are neighbourhoods in some LCPP areas with lower rates of deprivation and health conditions than those shown at LCPP level. This level of variation is evident for example within the Lochee LCPP area, when comparing the Whorterbank and Clement Park/Foggyley neighbourhoods with the Sutherland and Gowrie Park neighbourhoods, all in the same LCPP area.

More detailed information about the variation within LCPP areas at neighbourhood level is provided in Section 8.

Key Findings: Prevalence of Long Term Health Conditions and Multi-morbidities at a Younger Age

- Long term condition prevalence is high in Dundee compared with Scotland as a whole.
- Prevalence of 4 long term conditions has increased – cancer, diabetes, depression and asthma.
- The population is ageing but as a result of inequalities, particularly deprivation, many people enter older age with pre-existing health conditions. They have a need for higher levels of health and social care at an earlier stage than people of the same age in other parts of the city or other areas of the country.
- The rate of people with one or more health condition is higher in Dundee than Scotland as a whole, for all age groups, and there is variation in rates across, and within, LCPP areas.
- Only 3 of the 8 LCPP areas have lower rates than Scotland as a whole for people aged 16-64 who have one or more health condition.
- Only 1 of the 8 LCPP areas has lower rates than Scotland as a whole for people aged 65+ who have one or more health condition.

5.3 Community Pharmacy Data

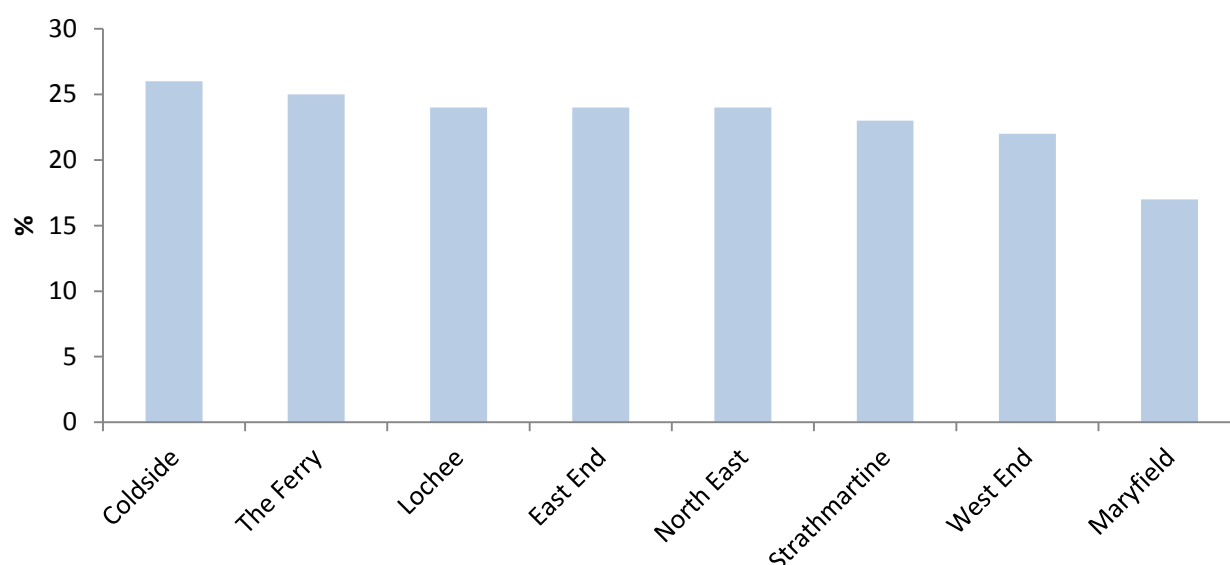
Analysis has been undertaken in relation to data collected by community pharmacies to help us further understand population health need in Dundee. Pharmacy data regarding type of prescription and frequency of use can make it possible to determine morbidity and multi-morbidity prevalence.

The top five British National Formulary (BNF) chapters used for prescribing in Dundee are:

- Cardiovascular – Cardiovascular drugs
- Central Nervous System – Antidepressants
- Respiratory – Bronchodilators
- Central Nervous System – Opioid Analgesics
- Central Nervous System – Anti-epileptics

Chart 28 shows the percentage of people who used pharmacies and were prescribed 5+ distinct BNF chapters and flagged as 'high risk'.

Chart 28: % of people who used pharmacies who were prescribed 5+ distinct BNF chapters (high risk)



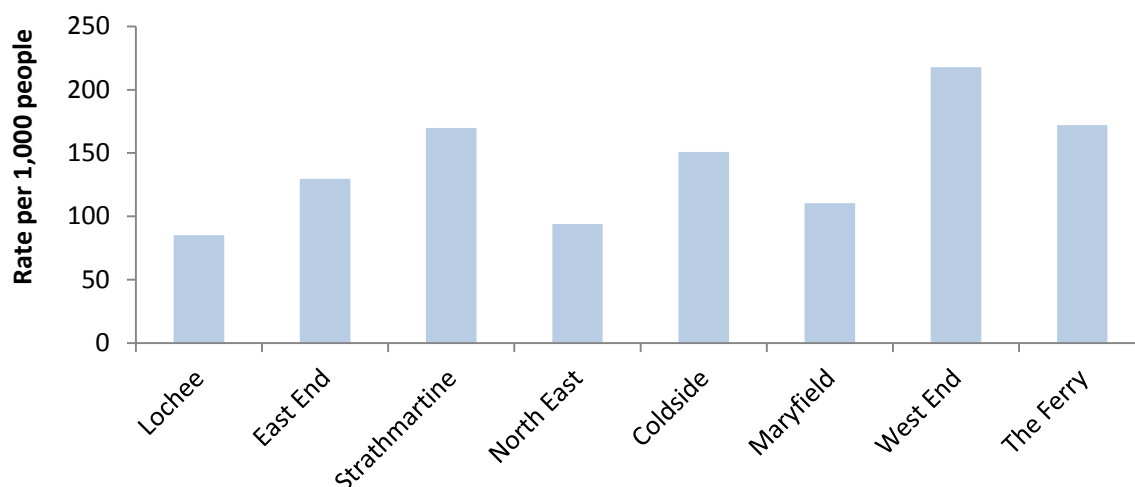
Source: NHS Tayside, 2016

Chart 28 further supports findings which show Coldside as having proportionately higher levels of need based on the prevalence of one or more health condition (and rates of unscheduled hospital admissions, as described in Section 8 below).

However across all LCPP areas the health needs of people are high. Chart 28 shows that between 17% and 26% of all prescriptions dispensed were for people who were prescribed 5 or more distinct BNF chapters and were flagged as high risk.

In addition to prescribing information, pharmacies hold a wealth of additional information which can be used to assess need at a city wide and LCPP level. This includes information regarding the number of people registered for a Minor Ailments Service.

Chart 29: Rate of people per 1,000, who live in each LCPP who are registered for a Minor Ailment Service within that LCPP



Source: NHS Tayside, 2015

Chart 29 shows the rate of people who live in each LCPP and are registered for a Minor Ailment Service in the LCPP where they live.

The chart is organised in order of deprivation level, with the most deprived LCPP to the left of the chart. Lochee is the most deprived LCPP area and has the lowest rate of people who are registered for this service within their LCPP area. (This information should however be treated with a degree of caution as people may be registered for a service in another LCPP area.)

The West End has the highest rate but, as this area covers the city centre pharmacies, people from other LCPP areas may be registered at pharmacies in the city centre. The Ferry is the area with least deprivation and has the second highest rate of people registered for a Minor Ailments Service within the area where they live.

Our continued assessment of need will further analyse the data collected by pharmacies for additional evidence of key morbidities and multi-morbidities which may have higher prevalence in certain LCPP areas.

Key Findings: Pharmacy Data

- The top 5 BNF chapters most used for prescribing in Dundee are: 1) Cardiovascular (Cardiovascular drugs) 2) Central Nervous System (Antidepressants) 3) Respiratory (Bronchodilators) 4) Central Nervous System (Opioid Analgesics) 5) Central Nervous System (Anti-epileptics).
- Across all LCPP areas the health needs of people are high. Between 17% and 26% of all prescriptions dispensed were for people who were prescribed 5 or more distinct BNF chapters and who were flagged as 'high risk'.
- Registration with a Minor Ailments Service in the LCPP area where people live varies by LCPP area and there appears to be a link with deprivation. The most deprived LCPP area has the lowest rate of people registered, and the least deprived LCPP areas have the highest rate of people registered. However, it cannot be assumed that people always use the pharmacy in the area where they live.

6.0 PUBLIC PROTECTION

There is a strong relationship between the levels of deprivation in Dundee, and the levels of risk and abuse being experienced by individuals and families living in many communities across the city.

The responsibility for providing protection and supports for those involved is multi-agency and requires strong strategic leadership and coordination of service delivery. There is a Protecting People governance group and framework in place through which the development and coordination of protection services takes place. This SNA provides data in relation to key areas of coordinated protection activity which takes place in Dundee.

6.1 Child Protection

The Protecting People framework includes arrangements to ensure that children and young people at risk of abuse or neglect are appropriately protected.

The responsibility for managing child protection sits with Children and Families Services and is not directly 'in scope' for the Dundee Health and Social Care Partnership. However, the route to improving outcomes for children and young people is frequently through the delivery by Adult Services of interventions and supports for parents and other carers of children and young people.

At 31 July 2016 there were 71 children on the Child Protection Register in Dundee; a total of 149 had been placed during the academic year 2015/16. 74 (49.7%) of these children were placed on the Register as a result of parental substance misuse and 16.8% as a result of parental mental health problems (and 11 (7.4%) parental learning difficulties). There is therefore a need for targeted involvement of adult services including substance misuse, mental health or learning disabilities services (as well as other relevant professionals from across adult services) to address adult treatment and support needs as a component part of each individual Child's Plan.

6.2 Adult Support and Protection

The Adult Support and Protection (Scotland) Act 2007 places a duty on the local authority to look into the circumstances of adults at risk and to protect adults who because of a disability, health condition, or age, are less able to protect themselves or their own interests. The Act also gives powers to intervene where an adult is at risk of serious harm, via protection orders, which are applied for through the court.

The number of Adult Support and Protection (ASP) referrals has increased considerably over the last 6 years, rising from 952 referrals in 2010/12 to 2,570 referrals in 2014/16. This increase is in part related to the improved awareness of adult needs for protection, but is also a reflection of the impact of deprivation and social problems in Dundee.

Adult abuse takes many forms and includes physical, psychological and emotional harm, as well as financial harm. Referrals for an adult protection response are also made when

Deprivation

self-harm is involved, although depending on the severity of the risk, most of these result in no formal action.

ASP Referrals Resulting In No Formal Action

In 2015/16 there were 1,153 ASP referrals which required no further action. 1054 (91%) of these referrals were from Police Scotland (Tayside).

The types of harm which resulted in 'no further action' were as follows:

• Welfare Concern for Adults	343 (30%)
• Suicide Attempt or Ideation	308 (27%)
• Welfare Concern for Older People (over 65)	294 (25%)
• Other	102 (9%)
• Financial	57 (5%)
• Fire Safety	49 (4%)

Adult Support and Protection Database 2015/16

In the main, these referrals related to people who did not meet the "three-point test" for an adult at risk. This could include those who had, for instance, threatened to harm themselves while under the influence of alcohol or drugs, indicated afterwards that they would not welcome any support, and had not previously engaged with services.

ASP Initial Referral Discussion (IRD) and Case Conference

Although the total number of referrals has increased considerably, the percentage of these referrals which met the 'three point test' and proceeded (under the Adult Support and Protection legislation) directly to Initial Referral Discussion and Case Conference has reduced from 285 (30%) referrals in 2010/12 to 181 (7%) referrals in 2014/16.

Of the 181 referrals in 2014/16 which proceeded to Initial Referral Discussion or Adult Support and Protection Case Conference, for adults aged under 65, the main types of harm identified were welfare concerns, emotional abuse, discrimination and threat of self-harm. For adults aged 65 and over the main types of harm identified were welfare concerns, emotional abuse, financial abuse and discrimination.

The prevalence of financial harm, particularly of older people, is now well established and the Scottish Government is developing a National Strategy in this area. Information, extrapolated from research studies, suggests that the present Dundee figures are potentially lower than would be expected. The Dundee Adult Support and Protection Committee, through its Financial Harm Group, has a clear strategy and action plan to reduce financial exploitation.

6.3 Violence Against Women (VAW) and Domestic Abuse

VAW takes many forms, and includes domestic abuse (and coercive control), rape, sexual assault, forced marriage, female genital mutilation, commercial sexual exploitation (CSE) and prostitution.

Whatever form the abuse takes, it can have an immediate and long-lasting impact on the health, well-being and safety of individuals, families and communities. VAW limits freedom and potential and it is a violation of the most fundamental human rights. Those affected by VAW include some of the most vulnerable people in our communities who have a range of complex needs.

VAW in Dundee

During 2016-17 there were 2,266 domestic abuse incidents recorded by Police Scotland in Dundee.

During 2016-17:

- The Multi-agency Independent Advocacy service (MIA) provided advocacy to 282 women victims of domestic abuse; 9 men victims, and 41 children;
- Dundee Women's Aid supported 461 women;
- The Womens Rape & Sexual Assault Centre (WRASAC) provided a service to 264 women affected by rape and sexual assault;
- Vice Versa worked with 60 women affected by CSE.

The Multi-Agency Risk Assessment Conferences (MARAC) are well established in Dundee, playing a key role in sharing information and improving the safety of high risk victims of domestic abuse. During 2016-17 there were 226 adults discussed at MARAC meetings and 355 children were linked to these cases.

6.4 Levels of Crime and Supervision of Offenders

Levels of Crime in Dundee

The level of poverty in Dundee has impacted on crime and re-offending rates, with the victims of crime more likely to live areas of multiple deprivation. However over the last five years crime levels across Dundee, in almost all of the major crime groups, have shown a downward trend. The following figures illustrate:

- Youth crime has fallen by 34%
- Vandalism has reduced by 37.8%
- Robberies have reduced by 36.3%
- House break-ins have reduced by 40.5%
- Violent crimes have reduced by 16.8%
- Number of people reconvicted annually has fallen by 28%

At the same time a high proportion of the community (98%) have indicated that they feel increasingly safe and believe that crime is reducing (Dundee Annual Citizens Survey 2012).

However there continues to be increasingly high levels of domestic violence, high numbers of short term prison sentences of less than twelve months for acquisitive substance misuse related crime and high levels of drug related deaths, particularly among prison leavers. There also continues to be a small, but significant group of offenders whose behaviour may present a serious risk to the members of public, including children, young people and women.

The most common responses from people when asked what factors they believe contribute towards crime were alcohol/drugs (27%), unemployment (6%) and gangs/youths (5%). To some extent, these perceptions reflect data on the profile of local people who offend. In accordance with the needs of offenders identified by Audit Scotland, additional factors include mental health issues, attitudes towards offending and involvement with anti-social peers.

While other forms of offending are reducing, the reduction in the levels of domestic violence and substance misuse are likely to continue to form two of the main priorities for CJS partners in Dundee, as they move forward.

Provision of Court Reports

The statutory functions of the Community Justice Service (CJS) include the provision of court reports, and the supervision of offenders on community sentences and on release from prison.

In 2016-17, 1475 Criminal Justice Social Work (CJSW) reports were prepared for court. Analysis of these shows:

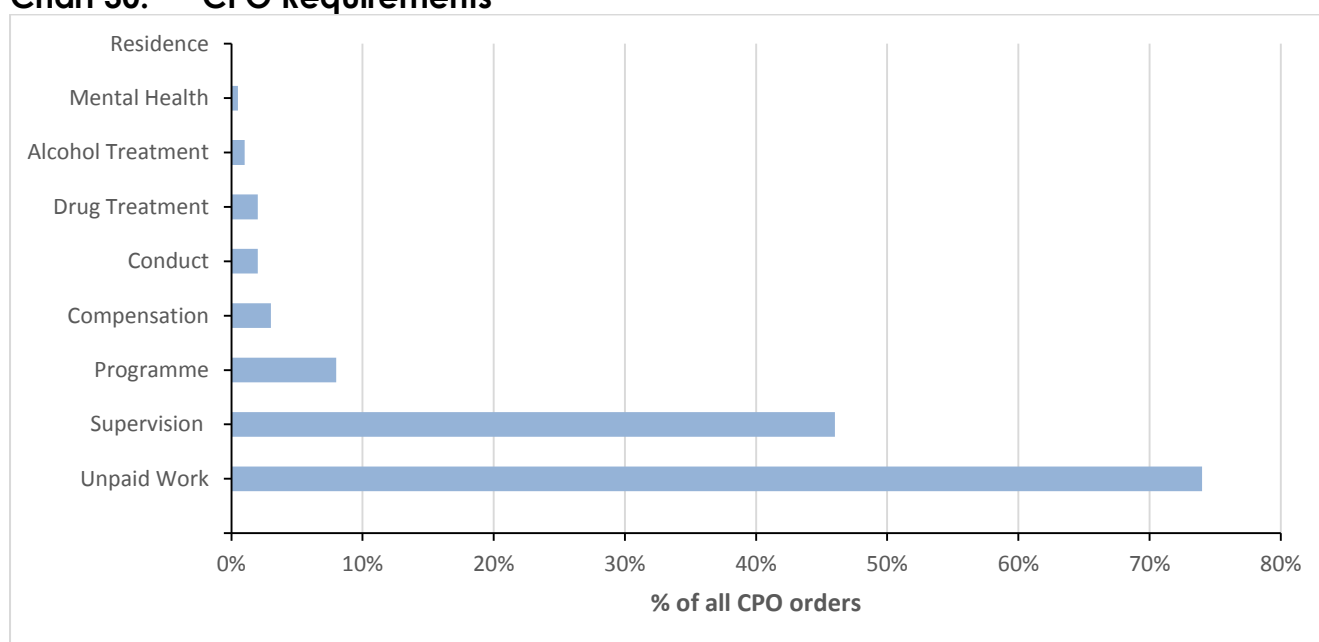
- 77% of the CJSW reports were in relation to males, 23% to females
- 2% of the CJSW reports were related to 16-17 year olds, 8% to 18 - 20 year olds and 33% of the reports were for the 21-30 age group and largest group was 31-40 years with 40% of the CJSW reports.
- 5% of the CJSW reports were on people who were homeless or in homeless accommodation and 17% were in prison
- For those with a community address, 19% lived in Lochee and 18% in Coldsides.
- 69% of the reports were for people who lived in SIMD Quintile 1 and 89% lived in either SIMD Quintile 1 or 2.
- 76% were unemployed or not seeking employment.
- Over a third had committed offences relating to licensing legislation, criminal law and criminal procedure act, a fifth had committed violent offences of which 4% were domestic violence offences and 18% had committed dishonesty offences.

Community Payback Orders (CPOs)

For those who re-offend, Community Payback Orders (CPO) have been available to the Court since their introduction in 2011. The CPO is designed to ensure that offenders 'pay back' to the community. This is done in two ways: by requiring an offender to make reparation, often in the form of unpaid work, or by requiring them to address and change their offending behaviour. This improves the safety of local communities and provides opportunities for re-integration for offenders themselves.

A CPO may contain a number of different requirements. In 2016-17 656 CPO orders were made. Chart 29 shows the different requirements imposed as part of these orders.

Chart 30: CPO Requirements



Source: Criminal Justice Social Work Statistics, www.gov.scot, 2016-17

The use of the CPO is now well embedded and as Table 3 illustrates, growing numbers of people subject to an Order have completed successfully.

Table 3: Completion of CPO orders

Year	% completing order
2013-14	72%
2014-15	76%
2015-16	70%
2016-17	79%

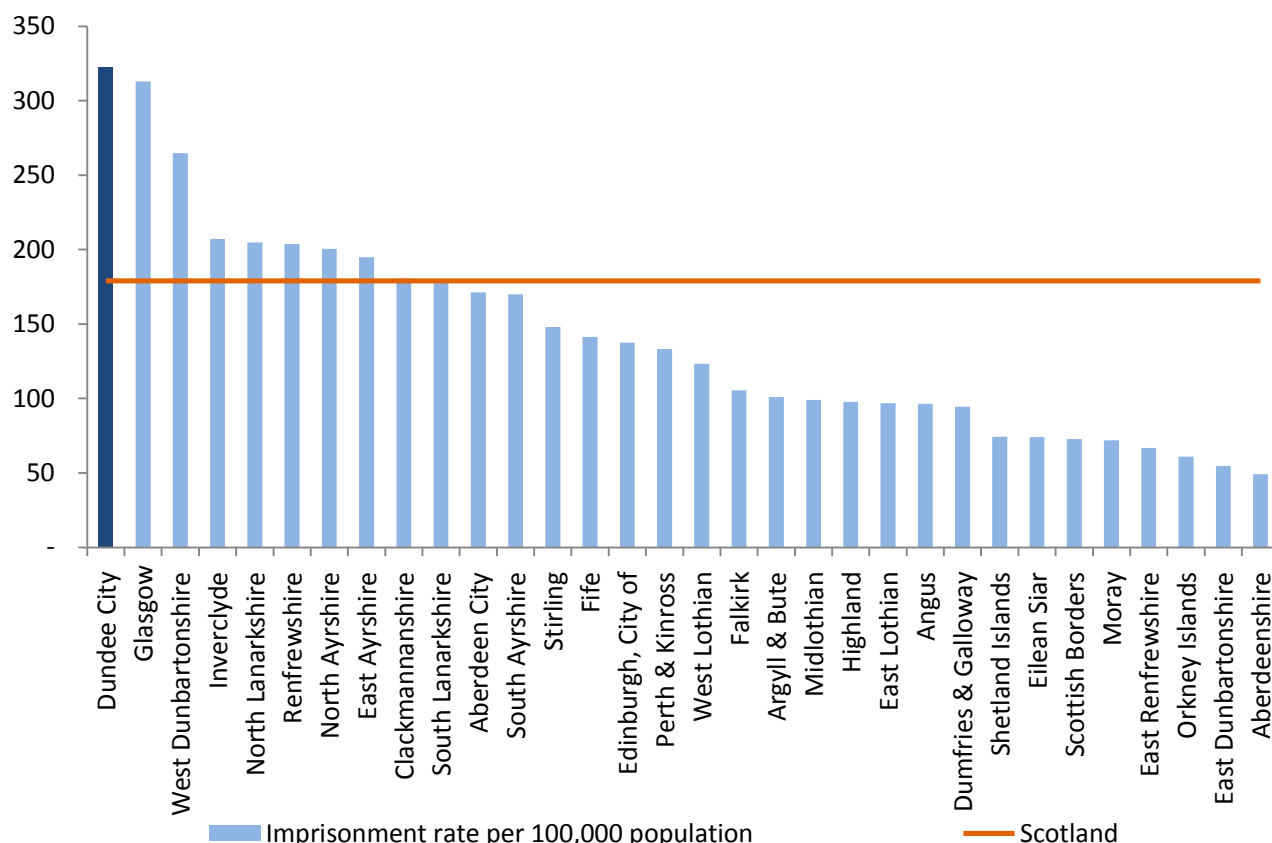
Source: Criminal Justice Social Work Statistics, www.gov.scot, 2016-17

Deprivation

Research suggests CPO type interventions which target types and levels of risk and need in the community are more likely to reduce re-offending. It is possible that this has made a significant contribution to reducing re-offending in Dundee. More detailed evaluation is required to illustrate the extent of CPO impact and the particular characteristics of the most effective local partnership work. However initial indications appear positive.

Prison Population and Statutory Throughcare

Chart 31: Prison population 30 June 2013, per 100,000



Source: Prison Statistics Scotland 2013-14, Scottish Government

Chart 31 shows that Dundee has the highest imprisonment rate in Scotland with 322 people per 100,000 population in prison on 30th June 2013. The Scotland rate is 179 per 100,000 population.

A high percentage of the population in Perth Prison are from Dundee, with many serving short sentences of less than one year. The needs of people who receive a prison sentence, particularly those who are separated from their children, families and communities for significant periods of time, can be considerable. They often require a robust package of services and supports to help them to reintegrate into everyday life, and where it is possible, within their own local communities.

CJS provides voluntary assistance and resettlement for short term prisoners. There were 157 cases in 2016/17, a decrease from 2015/16 figures, which totalled 237.

Deprivation

The Public Protection Team (PPT) currently supervises all statutory through care of long-term prisoners serving more than four years, as well as all sexual and violent offenders subject to post custodial supervision requirements. The team is responsible for the assessment and preparation for release of such offenders while they are in custody, as part of statutory through care arrangements.

Table 4: Offenders in Prison who will be subject to Statutory Supervision on Release

Through care in Prison	2012/13	2013/14	2014/15	2015/16	2016/17
Number of New Admissions	39	78	71	76	69
	31/03/13	31/03/14	31/03/15	31/03/16	31/03/17
Total Number of Open Cases	141	157	165	154	144

Source: Criminal Justice Social Work Statistics, www.gov.scot, 2016-17

Table 4 indicates that the number of new throughcare in prison cases has remained broadly the same, although the total number of open throughcare cases has increased year on year, except for the past year.

In addition to providing statutory post-custodial supervision the service also assess and manage registered sex offenders who are subject to community and post-custodial supervision requirements. This is in line with the jointly established Multi-Agency Public Protection Arrangements (MAPPA).

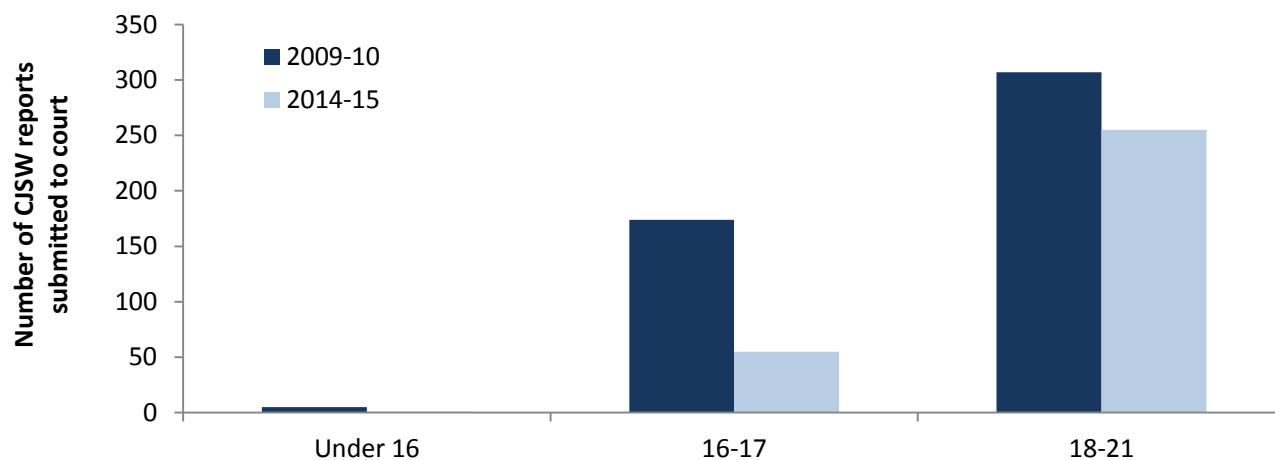
Multi-Agency Public Protection Arrangements (MAPPA)

The Management of Offenders (Scotland) Act 2005 introduced a statutory duty on responsible authorities, for example, local authorities, Scottish Prison Service, Police Scotland and the NHS. It became their responsibility to establish joint arrangements for the assessment and management of the risk posed by certain categories of offenders (currently registered sex offenders and restricted patients) who present a risk of harm to the public.

The operation of MAPPA is well established in Dundee, and the Public Protection Team (PPT) in the Criminal Justice Service (CJS) assess and manage registered sex offenders who are subject to community and post-custodial supervision requirements. At 31st March 2017 154 offenders were being managed through MAPPA; there was an increase in internet related offending.

Young Offenders

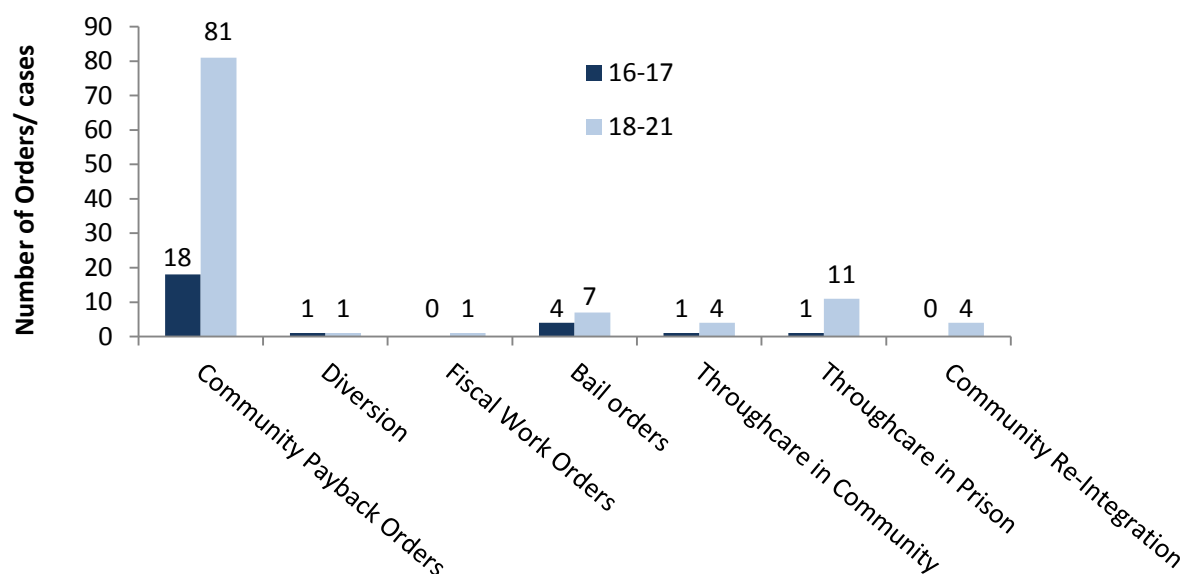
Chart 32: Number of Court reports for young offenders, 2009-10 and 2014-15



Source: K2 database, Social Work Information System

Chart 32 shows that there has been a drop in the number of reports completed for young offenders. This is a positive trend which can be attributed to earlier interventions and overall reductions in youth crime.

Chart 33: Current orders and interventions for young offenders, at Feb 2016



Source: K2 database, Social Work Information System, Feb 2016

The majority of young offenders are sentenced to Community Payback Orders (CPOs) which include at least one of the 9 specified requirements.

Prison statistics and population projections Scotland 2013-14 (Scottish Government bulletin, additional tables) show that 84 young people (aged 16 to 21) were liberated from prison to Dundee. Of these, 67% had been remanded and 17% had sentences of less than one year.

The Scottish Government dataset does not provide a breakdown for 16-17 year olds and 18-21 year olds. However data from K2 (Social Work Information system) shows that patterns are different for these two age groups. There has been a significant reduction in imprisonment rates for 16-17 year olds, illustrating earlier intervention can prevent an escalation of offending in later years and the more punitive sentences which can occur as a result. The fact that there were a small number of prison sentences given for young people suggests that those involved had committed serious offences.

Key Findings: Public Protection and Supervision of Offenders

- There is a strong relationship between the levels of deprivation in Dundee, and the levels of risk and abuse being experienced by individuals and families living in many communities across the city.
- The Protecting People framework includes the arrangements in place to ensure that children at risk of abuse or neglect are appropriately protected. The route to improving outcomes for children and young people is frequently through the delivery by Adult Services of interventions and supports for those adults who are responsible for their safety and wellbeing.
- The number of referrals received regarding Adult Support and Protection (ASP) has increased considerably over the last 5 years and financial abuse is the type of referral most likely to proceed to formal investigation (Initial Referral Discussion or Case Conference).
- Over the last five years crime levels across Dundee, in almost all of the major crime groups, have shown a downward trend. However, rates of domestic abuse and substance misuse related acquisitive crime have not reduced.
- In 2014/15 there were 1,703 incidents of domestic abuse recorded by Police Scotland per 100,000 population in Dundee. These figures were the highest recorded for any local authority area in Scotland.
- At 31st March 2017 154 registered sex offenders were being managed through MAPPA; there has been an increase in internet related offending.
- Dundee has the highest imprisonment rate in Scotland, with 322 people per 100,000 of the prison population on 30th June 2013 (compared with the Scotland average of 179 per 100,000).
- There has been a drop in the number of reports completed for young offenders in Dundee, a positive trend which can be attributed to earlier interventions and overall reductions in youth crime.
- The majority of young offenders are sentenced to Community Payback Orders, with at least one of the specified requirements.
- In 2013/14, prison statistics show that 84 young people (16 to 21) were liberated to Dundee, of whom 67% had been remanded and 17% had received sentences of less than one year.
- The fact that there were a small number of prison sentences given for young people suggests that those involved had committed serious offences.

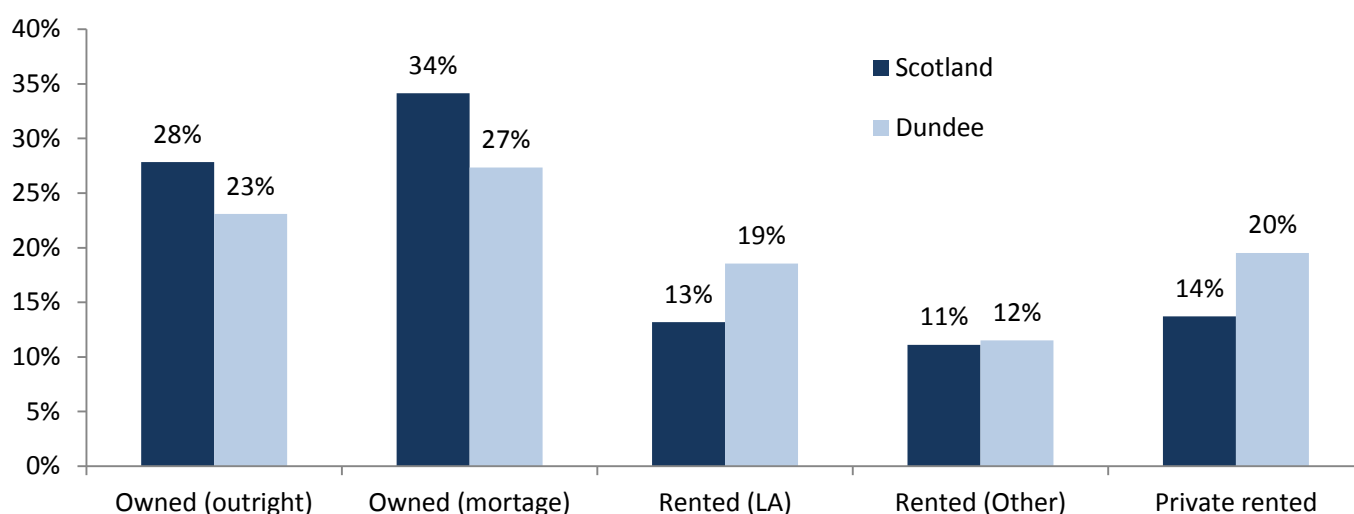
7.0 HOUSING AND HOMELESSNESS

7.1 Housing Tenure in Dundee

At the time of the 2011 Census, Dundee had just over 69,000 households.

The Census asked whether the householder owned or rented the accommodation they occupied. The self reported information in this section is based on the answers to this question.

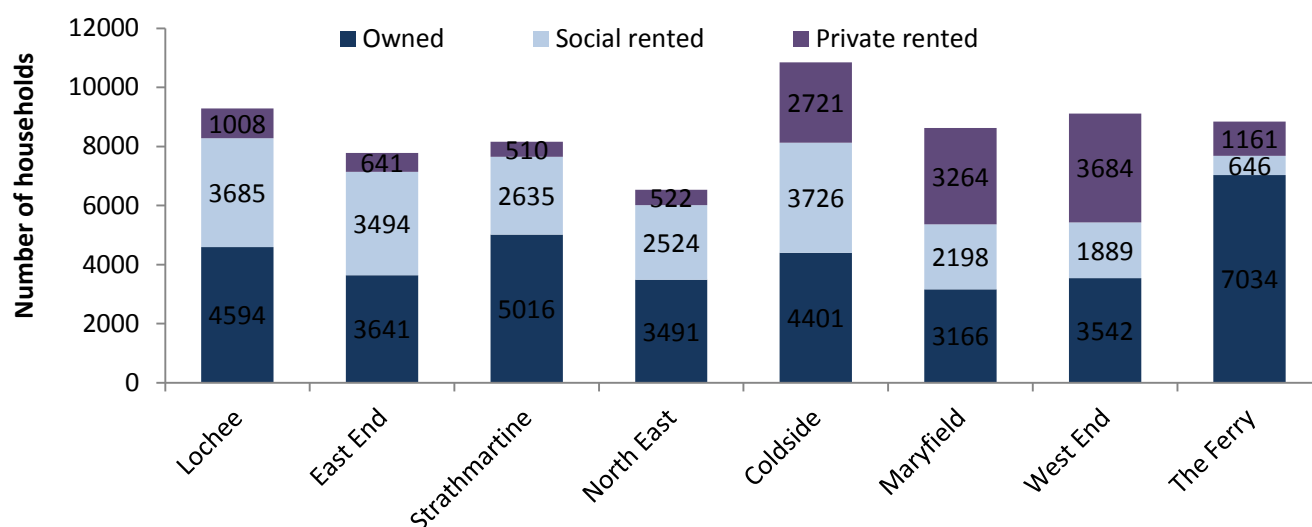
Chart 34: Household tenure in Dundee and Scotland



Source: 2011 Census, scotlandscensus.gov.uk

Compared with Scotland as a whole, Dundee had fewer people who owned their own house (either with a mortgage or owned outright) and a higher percentage who lived in rented accommodation. Over half the householders in Dundee lived in rented accommodation, compared to 38% in Scotland as a whole. Dundee had a high percentage of people who lived in private rented accommodation, with 19% renting from the Local Authority.

Chart 34 profiles household tenure by locality. This Chart shows that in The Ferry the majority of people owned their own homes (80%) and only a fifth rented their homes. In Maryfield 37% owned their homes and 63% rented their homes. The East End had the largest percentage of Local Authority lets, and Maryfield and West End had the highest proportion of lets from private landlords.

Chart 35: Household tenure by LCPP area

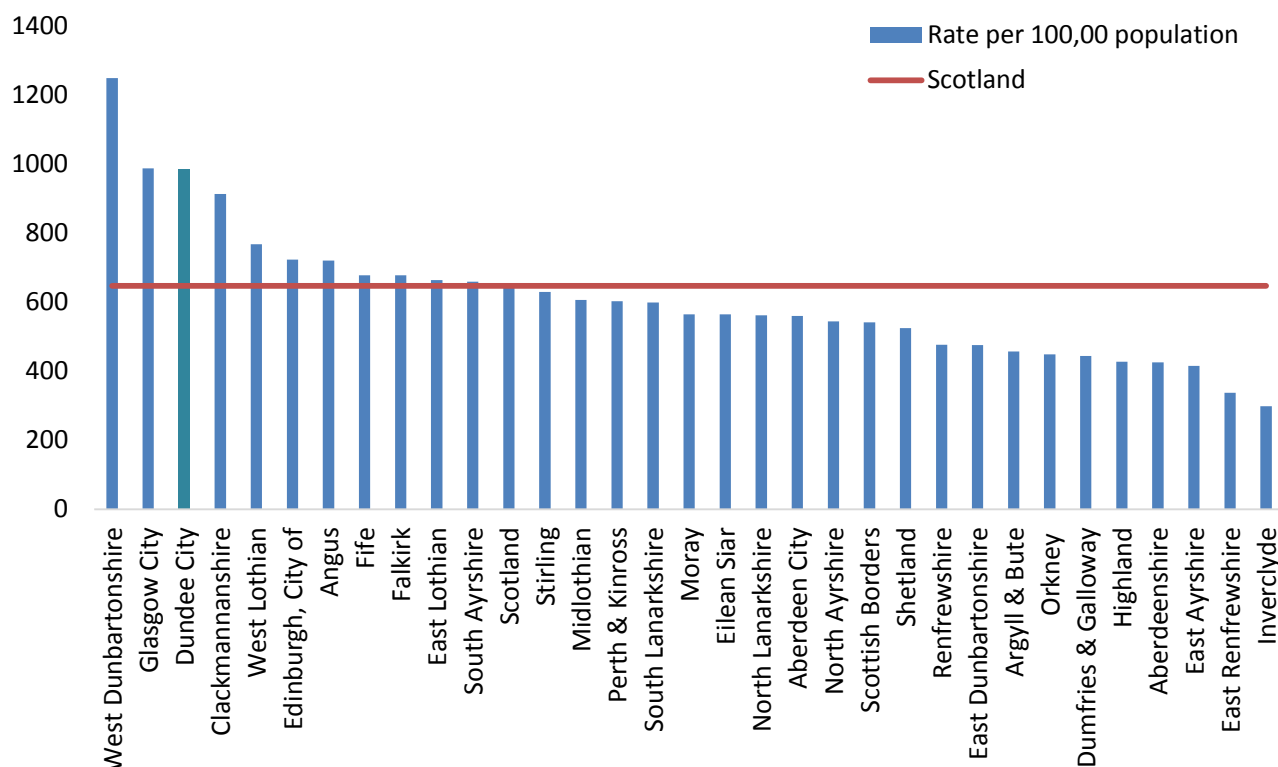
Source: 2011 Census, scotlandscensus.gov.uk

There is a link between deprivation and household tenure as people in the most deprived LCPP areas are most likely to live in social rented accommodation and people in the least deprived LCPP areas are most likely to own their home. However a high proportion of people who live in West End live in private rented accommodation, as this is the accommodation type preferred by the significant student population that resides in this LCPP area.

7.2 Homelessness in Dundee

Chart 36 shows the rate of homeless applications per 100,000 of the population for local authorities across Scotland in 2015-16.

Chart 36: Homeless applications in 2015-16, per 100,000 population



Source: Scottish Government Operation of Homeless Persons Legislation, 2015-16 and ONS, 2015

Chart 36 shows that Dundee had 1474 homeless applications in 2015-16. This equated to approximately 985 people in every 100,000 of Dundee's population, a rate which is much higher than the Scotland level of 648 applications per 100,000 population. Dundee had the third highest rate of homeless applications per 100,000 population, with only West Dunbartonshire and Glasgow City with higher rates.

In 2015/16, 19% of applicants had previously been in private rented accommodation; this is an increase from 14% in 2009-10. Overall, a third of the people who submitted homeless applications had previously had a tenancy with either a local authority, a registered social landlord or a private landlord.

There has been an overall decrease by approximately 9% of applicants who have previously been in the family home or living with friends. This is the early impact of the Housing Options policy.

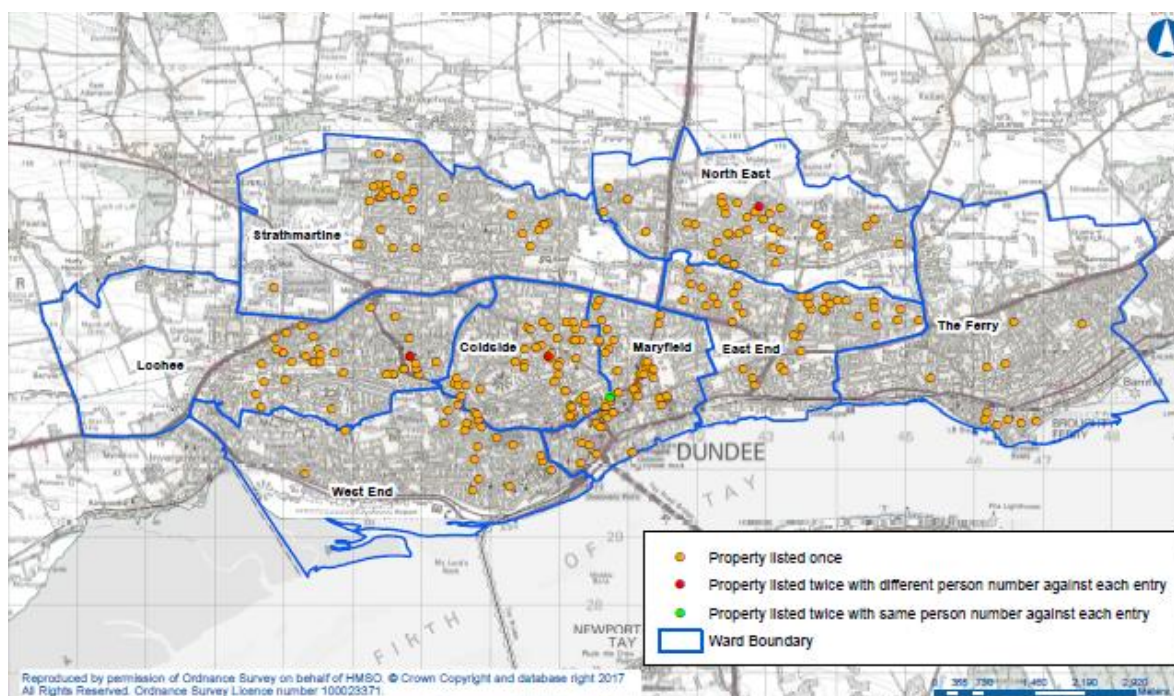
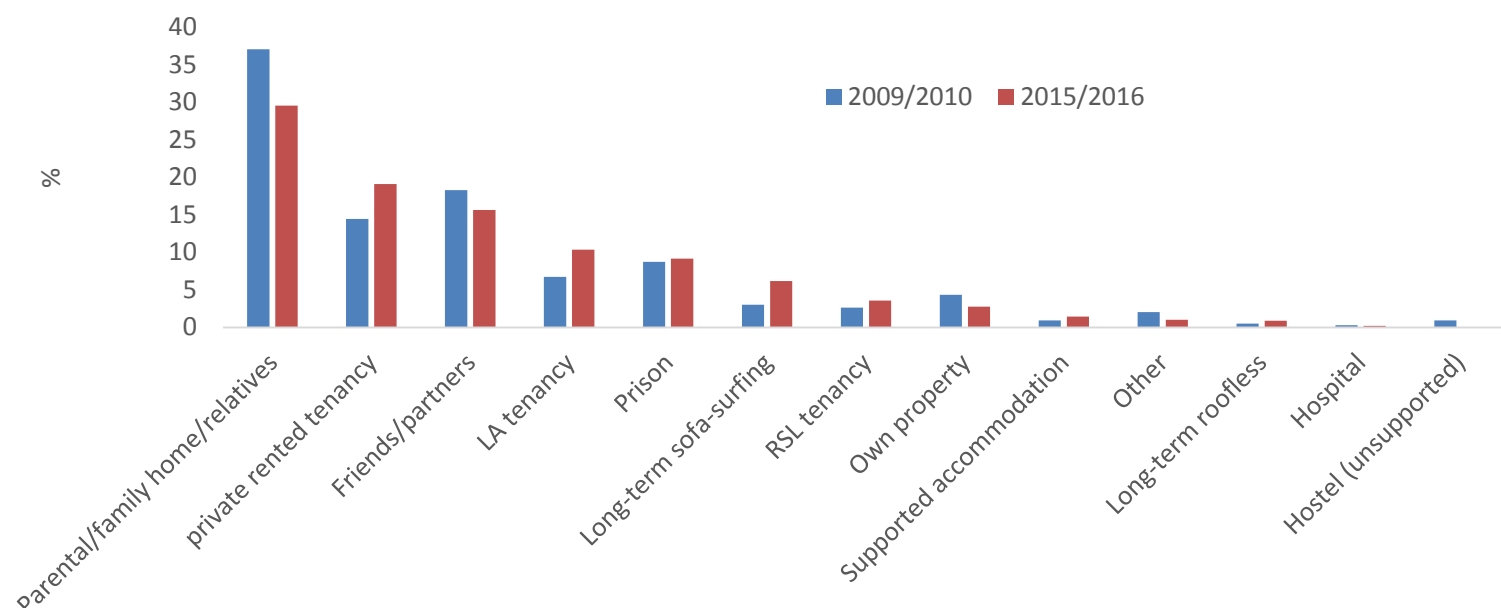
Figure 5: Last known address, prior to becoming Homeless.

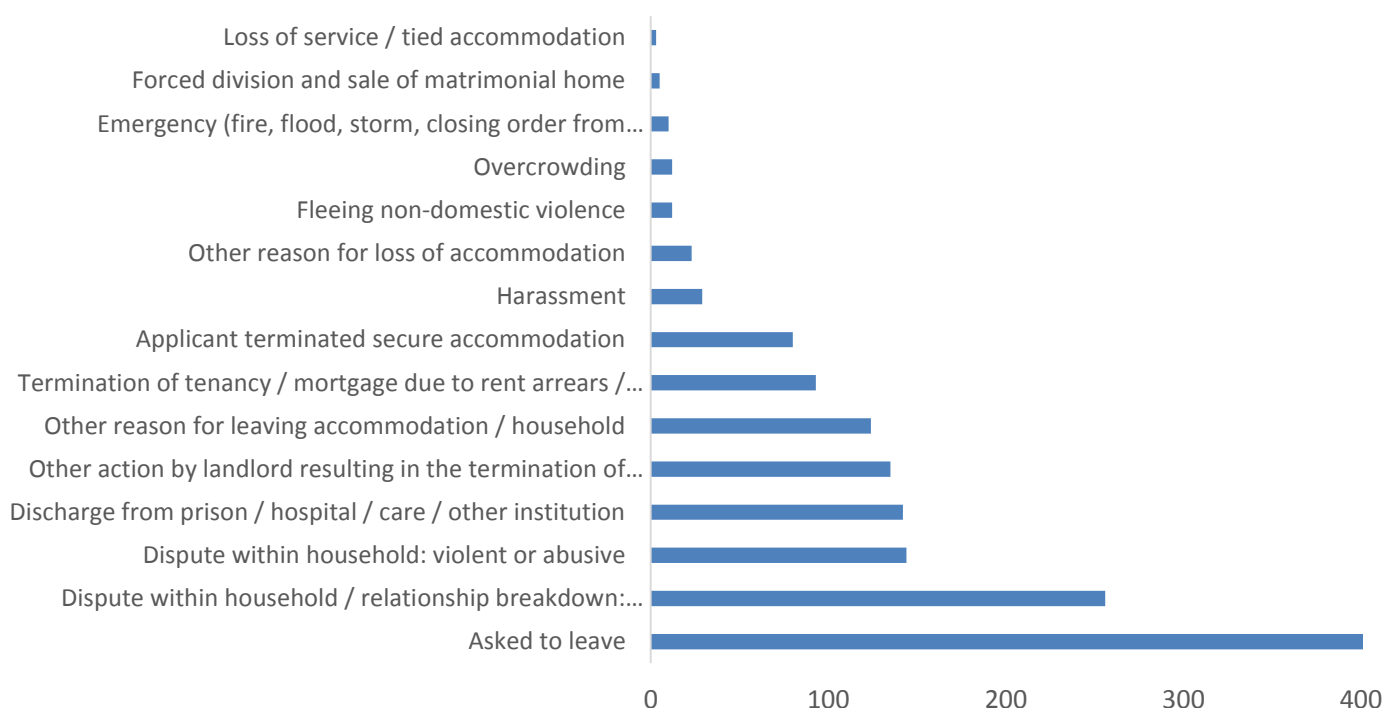
Figure 5 illustrates the spread of homelessness across Dundee. This is based on the persons last known address for 2015-16 (Taking from the Scottish Government's HL1 statistics). It is clear that homelessness affects people in all LCPP areas of Dundee, including the most affluent areas.

In line with findings from national research, homelessness is not exclusively related to poverty, even although it has a strong relationship with it. There are many causes of homelessness, such as negative life experiences, death of a loved one, loss of a job, leaving prison, fleeing home due to domestic violence, mental health issues, debt, substance misuse. These issues combined with the persons ability to cope and whether or not they have strong support networks around them to support them all contribute to whether or not someone will become homeless.

Chart 37: Previous circumstances of homeless applicants, 2009-10 and 2015-16

Source: Scottish Government, Dundee HL1 Annual Report 2015-16

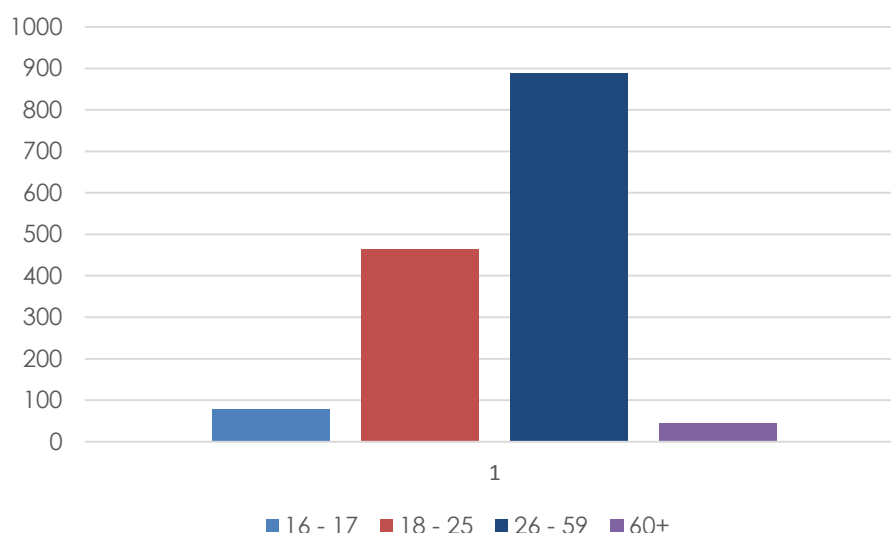
Chart 37 shows that most homeless applications were from people who had previously been staying with parents/family or relatives. In 2009-10, 37% of the applicants had been staying with parents/family or relatives, although this fell to 30% in 2015-16.

Chart 38: Homeless applications by reason 2015-16

Source: Scottish Government, Dundee HL1 Annual Report 2015-16

Chart 38 shows that the main reason for homeless applications in Dundee in 2015-16 is related to the applicant being asked to leave by family or friends. The second highest reason involved a dispute within the household or relationship breakdown.

Chart 39: Homelessness presentation by age group



The majority of people presenting as homeless were between the ages of 26 and 59. The numbers and proportions of people presenting as homeless who are under the age of 25 are also significant, particularly given the changes under Welfare Reform for them. Out of a total of 1475 presentations approximately one third (543) were under the age of 25. Some of these younger adults may be leaving care, however the majority become homeless due to being asked to leave home by their parents. Given that there is no access to benefits under Welfare Reform for this age group, this has serious implications for accommodating this group of people as they have no way of funding their accommodation, including refuge, hostel or other temporary accommodation.

Key Findings: Housing and Homelessness

- There is a higher proportion of the Dundee population in rented (local authority, private or social) accommodation than elsewhere in Scotland.
- There is variation in levels of home ownership and house rentals across LCPP areas.
- There are high rates of homelessness where the previous tenancy was a rented property.
- Most homeless applications were from people who had previously been staying with parents/family or relatives. In 2009-10, 37% of the applicants had been staying with parents/ family or relatives, although this fell to 30% in 2015-16.
- The main reasons for homeless applications were that the applicants were asked to leave, dispute, relationship breakdown or default on rent payments.

8.0 SHIFTING THE BALANCE OF CARE

8.1 Unscheduled Care

There is a strong link between the levels of deprivation in each of the eight LCPP areas, the prevalence of health and social inequalities and the impact on the use of health and social care services in Dundee. Such variation can be measured by comparing the rate of 'unscheduled care' provided by NHS Tayside for people in Dundee.

The term 'unscheduled care' is defined as referring to:

"NHS care which cannot reasonably be foreseen or planned in advance of contact with the relevant healthcare professional.....or is out with the core working period of NHS Scotland."

Scottish Government, Building a Health Service Fit for the Future Volume 2:
A guide for the NHS 2005

Unscheduled care includes emergency admissions to hospital, as well as the length of stay in hospital required by those admitted on an emergency basis. By definition the demand for unscheduled care can occur at any time, and services must be available to respond to the need for care 24 hours a day, 7 days a week.

As in other parts of Scotland, the rise in the level of unscheduled care has been one of the biggest pressures on services in Dundee in the last 20 years. There is however, a significant difference in the level of unscheduled care in Dundee compared with other areas in Scotland. This is shown in the emergency 'bed day rate', which refers to the rate of occupation of hospital beds per 100,000 people in Dundee. With the increasing ageing and frail population there will inevitably be a need for some people to be admitted to hospital.

Unscheduled Care Rates in Dundee

In 2016/17 the bed day rate in Dundee for people admitted to hospital as an emergency totalled 136,059 bed days, against the Scotland average of 119,649 bed days, per 100,000 of the population. This rise in the use of unscheduled care has brought about an incremental and significant shift in the balance between the rate of planned and unplanned admissions to hospital in Dundee. This has presented a significant challenge in the effective planning and management of the allocation of health and social care resources.

Dundee has a slightly higher proportion of NHS Tayside emergency admissions in comparison to Perth & Kinross and Angus. The Dundee population accounts for 36% of the Tayside population, however 38% of NHS Tayside hospital episodes are from people who live in Dundee.

Shifting the Balance of Care

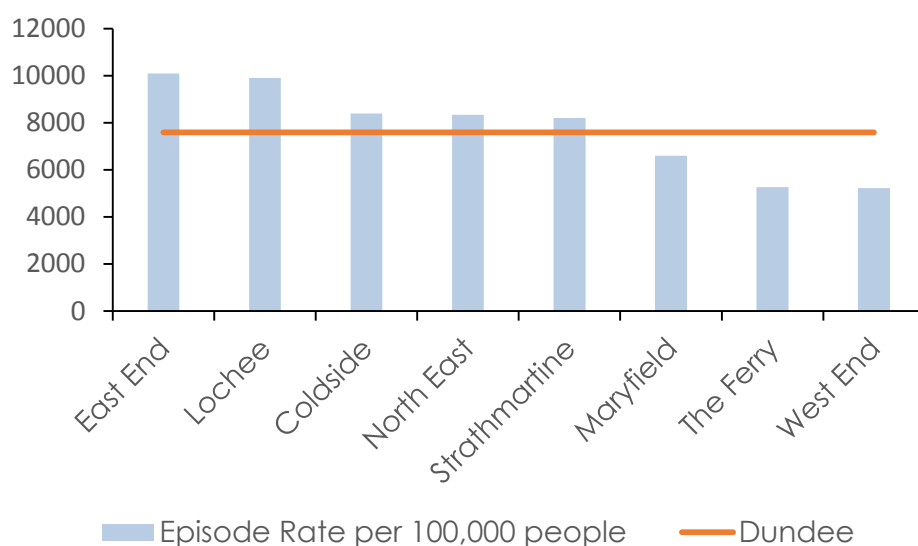
Dundee residents had an additional 1,245 NHS admissions outwith NHS hospitals in Tayside: 33 were in Fife (2.65%), 11 were in Forth Valley (0.88%), 169 were in Grampian (13.57%) and 1,032 were in another NHS area (82.89%).

8.2 Variation in Unscheduled Care Rates between LCPP Areas

People aged 18-64

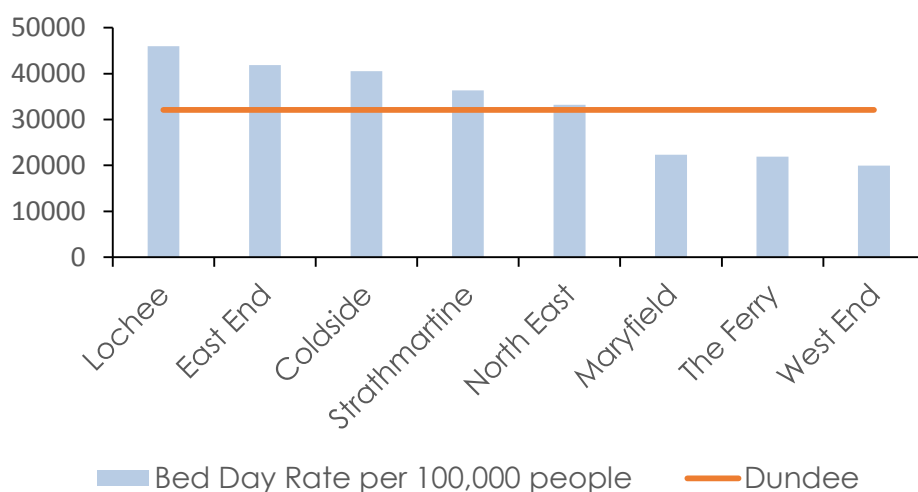
When comparing the rates of unscheduled care at LCPP level for people **aged 18-64**, the most deprived areas are shown to have higher admission and bed day rates than the least deprived LCPP areas. This is illustrated in Charts 40 and 41.

Chart 40: Number of emergency admissions per 100,000 population (people aged 18-64)



Source: NSS ISD 2017

Chart 41: Number of emergency bed days per 100,000 Population (people aged 18-64)



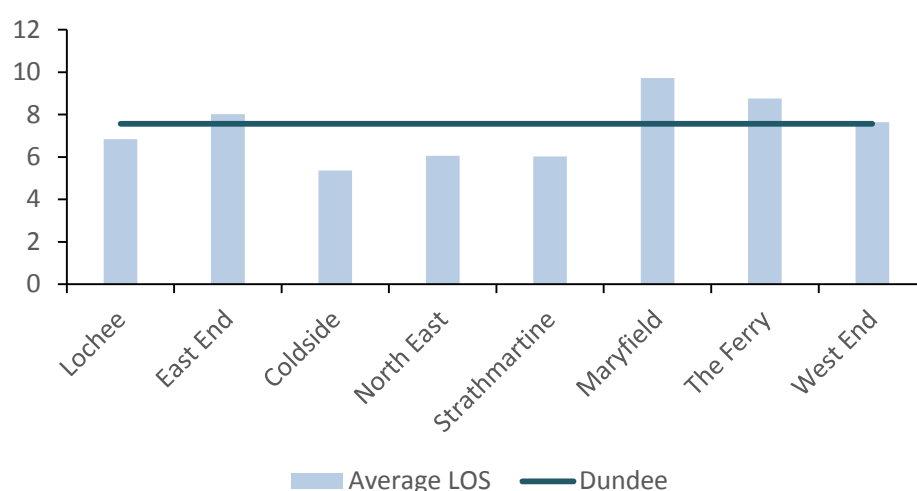
Source: NSS ISD 2017

Charts 40 and 41 show that there is a link between admission rate and bed day rate for emergency hospital admissions for most LCPPs, with the exception of the East End.

East End

Chart 42 shows that the East End had the highest emergency admission rate, but the 3rd highest bed day rate. The average length of stay (LOS) which can be calculated by dividing the total number of bed days by the total number of admissions, is 3rd highest in the East End.

Chart 42: Average length of stay for unscheduled admissions by LCPP area, 2016/17 for people aged 18-64



Source: NSS ISD 2017

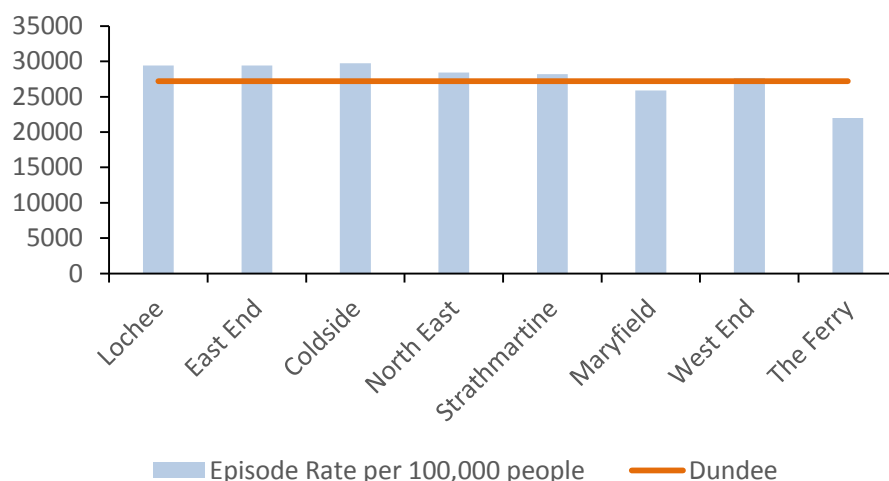
Taken together Charts 40, 41 show a trend across most LCPP areas between emergency admission rates, emergency bed day rates and the deprivation ranking of the LCPPs, with the most deprived LCPPs having the highest emergency admission and bed day rates. However when considering Chart 42 the average length of stay identifies a different trend with the most deprived LCPPs having the highest average length of stays.

People aged 65+

Charts 43 and 44 show the emergency admission and bed day rates by LCPP areas for people **aged 65 and over**.

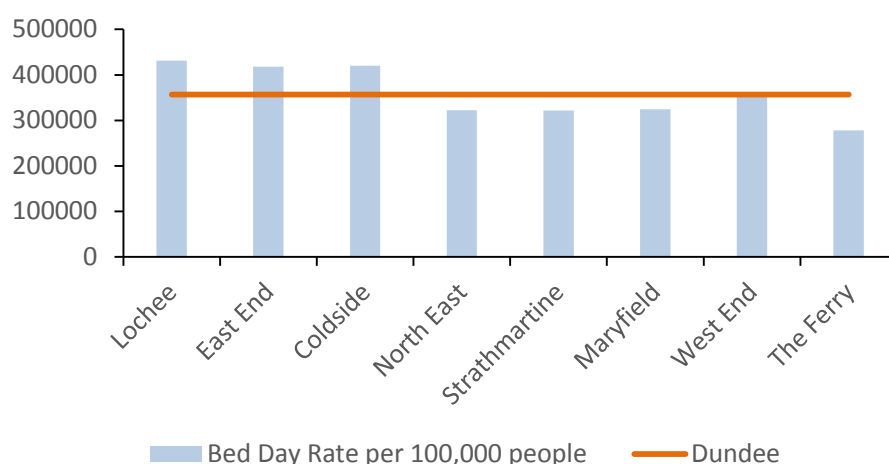
There is a strong link between number of emergency admissions and deprivation ranking of the LCPP where the person resided prior to admission. There is however no such link for emergency bed days, however the 3 most deprived LCPPs do have the highest total number of emergency bed days. Additionally the ranking of emergency episodes and bed days does not link, meaning that, with the exception of the 3 most deprived LCPPs Lochee, East End and Coldsides, the average length of stay does not follow the same trend as either emergency admissions or bed days.

Chart 43: Number of emergency admissions per 100,000 population (people aged 65+)



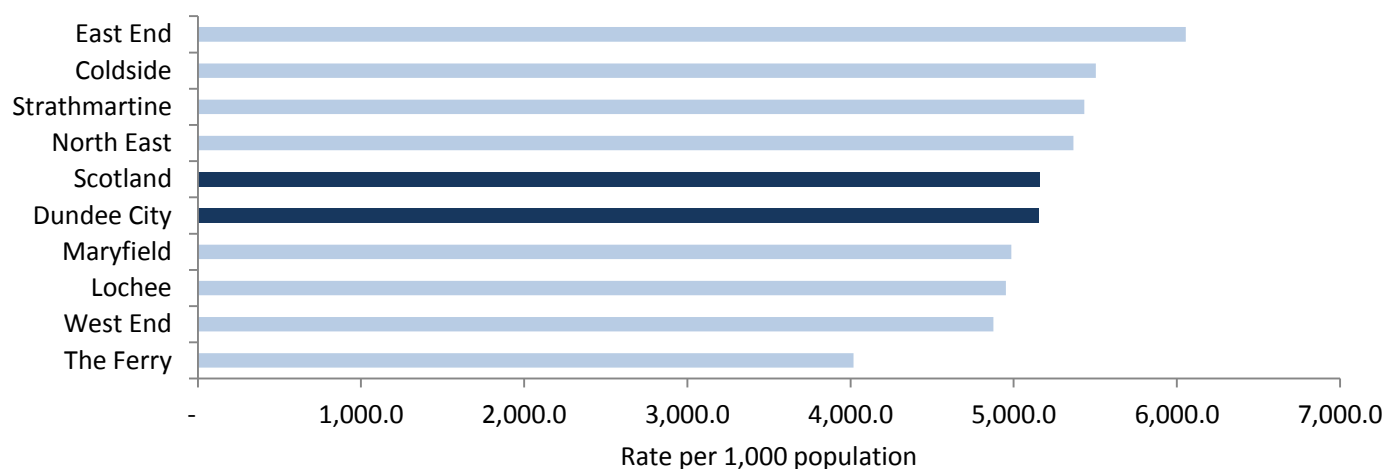
Source: NSS ISD 2017

Chart 44: Number of emergency bed days per 100,000 Population (people aged 65+)



Source: NSS ISD 2017

Chart 45: Dundee City patients (aged 65+) with multiple (2+) emergency hospitalisations 2013/14 (age standardised as a rate per 1,000 people)



Source: NSS ISD 2015

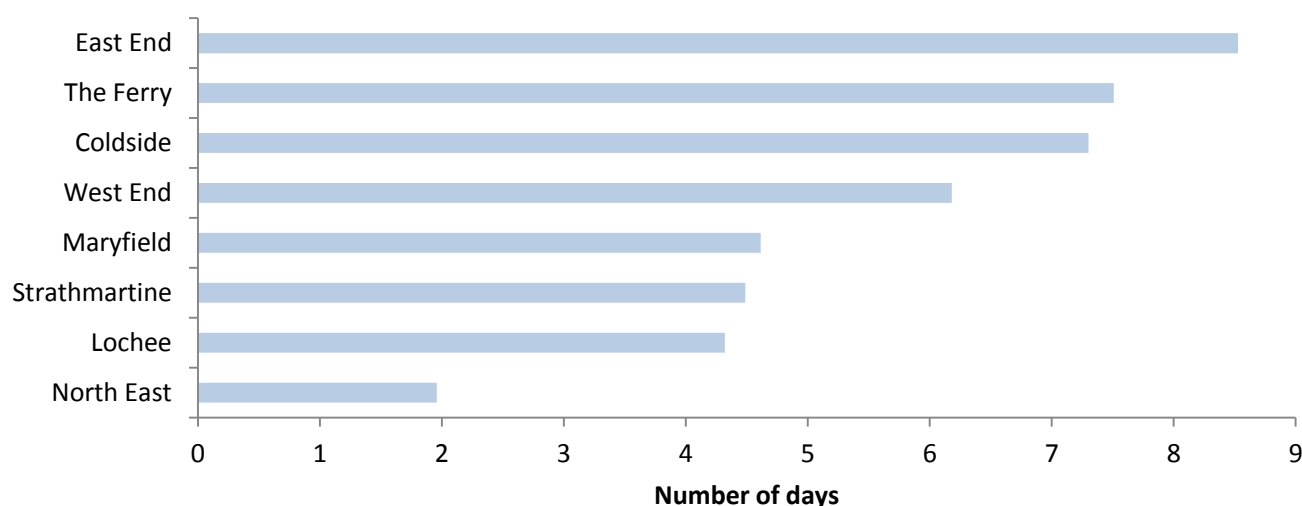
Chart 45 shows the rate per 1,000 people in each LCPP area who had two or more admissions to hospital in 2013/14. The data has been standardised by age which means that any trend cannot be attributed to a greater proportion of people aged 65+ living in any LCPP area. A person is deemed to require additional support when they have had two or more emergency admissions to hospital.

Chart 45 shows that East End had the highest rate of people with 2+ hospital admissions and The Ferry had the lowest rate compared with other LCPP areas. The remaining six localities have similar rates and are quite close to both the Dundee and Scotland rates.

All Age Groups

The National Delayed Discharge target, from April 2015, is for no person to wait more than 14 days to be discharged from hospital into a more appropriate care setting.

Chart 46: Average number of days people spend in hospital when they are ready for discharge (all ages) 2011-13



Source NHS Tayside, 2015

Chart 46 shows the average number of days people spent in hospital when they were ready for discharge, between 2011 and 2013, and the variation across LCPP areas. This can be attributed to age, complexity of need and existing arrangements for unpaid care to support people on their return home.

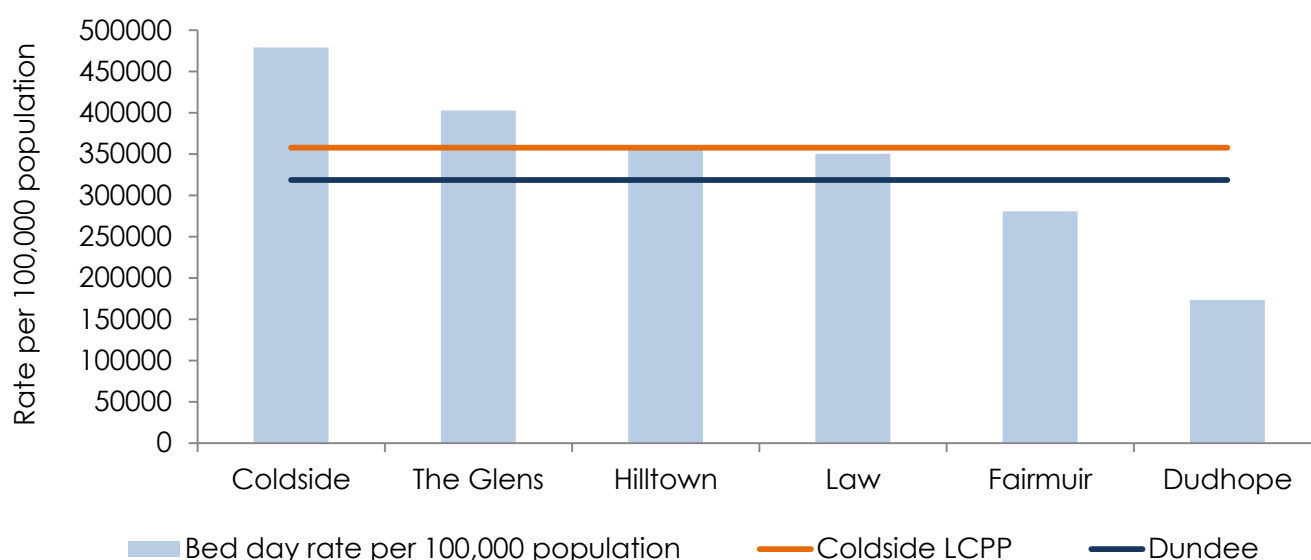
The main reason for delayed discharges relates to the need for, and lack of availability of, suitable long term residential care placements at the time when they are needed. There are other factors which can delay hospital discharge. These include issues relating to the requirements of the Adults with Incapacity Act, external funding for places, and personal/family choice about where a person is to be placed.

8.3 Variation in Unscheduled Care Rates within LCPP Areas

As well as variation between LCPP areas, there is also variation **within** each of Dundee's LCPP areas in the use of unscheduled care.

The LCPP area with the highest variation in unscheduled care **for over 65's** is Coldside. As shown in Chart 47, there is a neighbourhood within the Coldside LCPP, which is also called Coldside. This neighbourhood has the highest bed day rate per 100,000 of the population for people aged 65+ (479,122 bed days). The neighbourhood in the Coldside LCPP with the lowest bed day rate for those aged 65+ is Dudhope (173,200 bed days).

Chart 47: Number of emergency bed days per 100,000 population for Coldside LCPP neighbourhoods (people aged 65+)



Source: ISD Scotland, unpublished data: emergency admissions and bed days

The high bed day rate in the Coldside neighbourhood can be related, at least in part, to the cluster of very sheltered housing and housing with care, and the high rate of multi-morbidities of the frail, older population living there.

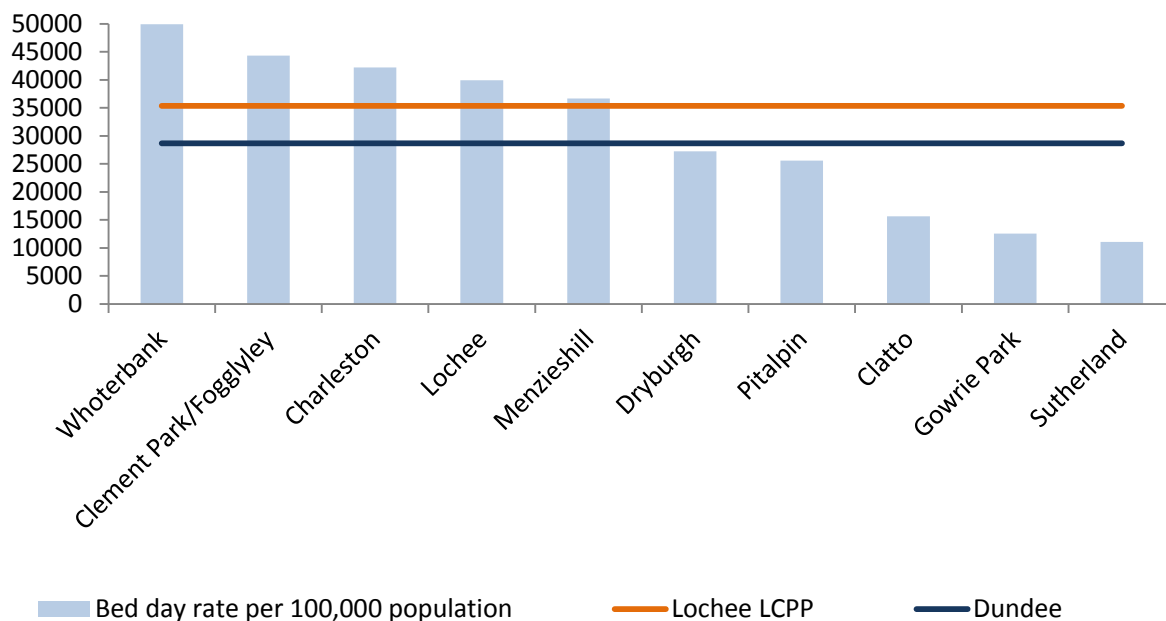
The LCPP area with the highest variation in bed day rates for people **aged 65 and under** is Lochee. Within Lochee the neighbourhood with the highest bed day rate for this age group per 100,000 of the population is Whorterbank (49,928 bed days) and the neighbourhood with the lowest bed day rate is Sutherland (11,092 bed days). (It should be noted that there is a neighbourhood in the Lochee LCPP also called Lochee.)

Whorterbank, Clement Park/Foggyley, Charleston and Lochee are among the most deprived areas in the city, while Gowrie Park and Sutherland are among the least.

Chart 48 shows that the least deprived neighbourhood areas in the Lochee LCPP have significantly lower levels of unscheduled care usage. It also shows by comparison the high usage of unscheduled care in the under 65 age group living in five of the 10 neighbourhood areas in the Lochee LCPP.

This significant variation can be attributed to the high level of deprivation, substance misuse, mental illness and multiple long term health conditions, which are known to be prevalent in these deprived neighbourhoods in the Lochee LCPP area.

Chart 48: Number of emergency bed days per 100,000 population in Lochee LCPP neighbourhoods (people under age 65)



Source: ISD Scotland, unpublished data: emergency admissions and bed days

Analysis shows that not only does the need for unscheduled care differ across LCPP areas, but also there can be significant differences in the level of need between neighbourhoods in some LCPP areas. This increases the challenge in ensuring that available health and social care resources are distributed in a fair and effective way for the Dundee population.

PPA

Readmissions 28 days

Key Findings: Unscheduled Care Rates and Deprivation

- There are high rates of emergency admissions and bed days, with variation linked to deprivation, across LCPP areas and neighbourhoods.
- There is a higher proportion of NHS Tayside emergency admissions in Dundee than in Angus or Perth & Kinross.
- The average number of days delayed in hospital varies by the LCPP area in which people live, and there is a link with the ageing population.
- There is high variation in emergency admissions and bed days within LCPP areas, with greatest variation for under 65 age groups living in the most deprived LCPP areas.

8.4 Homecare Services

Approximately 3000 people receive adult social care services in Dundee, and over half of these people receive home care services in 2017.

Home care services are services which assist people to function as independently as possible and/or continue to live in their own homes. Examples are:

- Routine household tasks within or outside the home (basic housework, shopping, laundry, paying bills)
- Personal care of the service user, as defined in Schedule 1 of the Community Care & Health Act 2002
- Respite care in support of the service user's regular carers e.g. delivered by Crossroads Care Attendance Schemes funded by the local authority

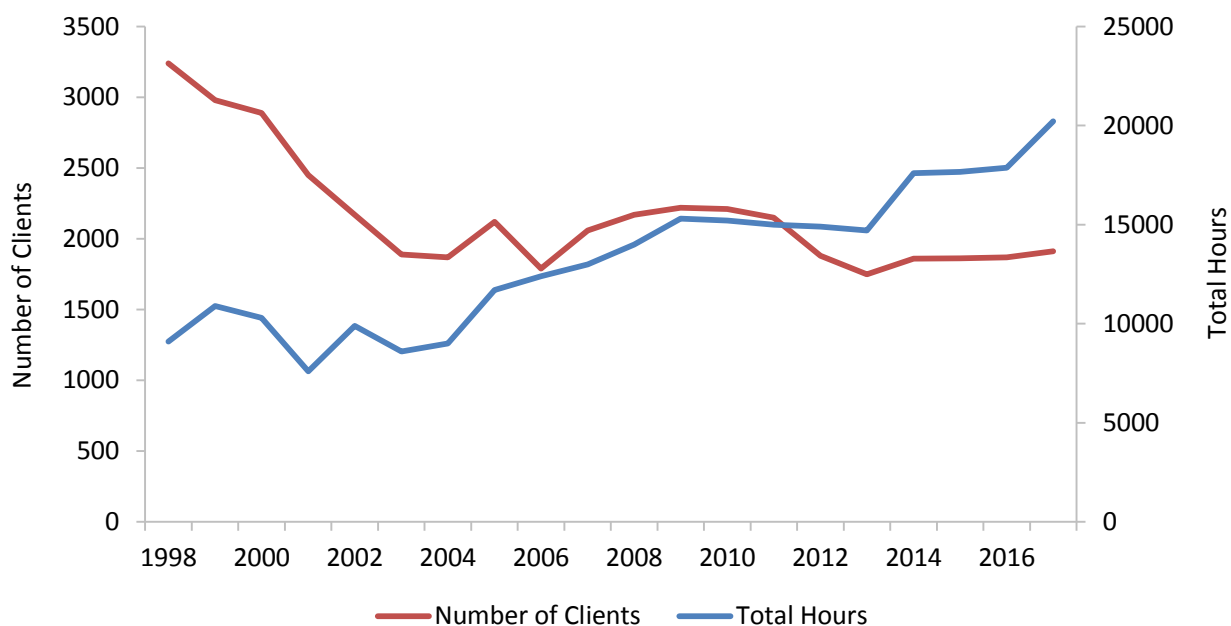
Personal care is a type of homecare service and includes:

- Personal hygiene – bathing, showering, hair washing, shaving, oral hygiene, nail care.
- Continence management – toileting, catheter/stoma care, skin care, incontinence laundry, bed changing.
- Food & diet – assistance with the preparation of food and assistance with the fulfilment of special dietary needs.
- Problems with immobility – dealing with the consequences of being immobile or substantially immobile.
- Counselling & support – behaviour management, psychological support, reminding devices.
- Simple treatments – assistance with medication (including eye drops), application of creams and lotions, simple dressings, oxygen therapy.
- Personal assistance – assistance with dressing, surgical appliances, prostheses, mechanical & manual aids. Assistance to get up and go to bed. Transfers including the use of a hoist.

Homecare Services – All Ages

In 2017 1,913 people received homecare services, with a total of 20,223 homecare hours delivered (as shown in Chart 49). This is an average of 10.6 hours per person, per week.

Chart 49: Number of people who received homecare and number of hours – snapshot weeks, 1998 - 2017

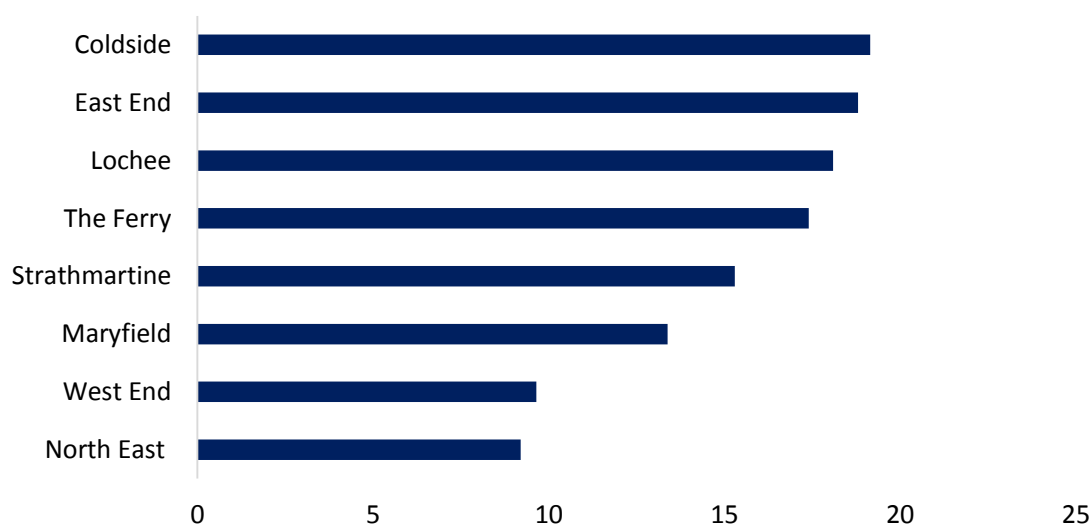


Source: Social Work K2, 2017

Chart 50 shows the rate per 1,000 people (of all ages) who received homecare, by LCPP area where they lived.

Coldside is the LCPP area where the highest rate of homecare is delivered. There is variation in the level of homecare delivered across LCPP areas and this is likely to be linked with the age of the population and corresponding levels of need. Further work and analysis is required to confirm this.

Chart 50: Rate per 1,000 people who received homecare 2017 (snapshot week)



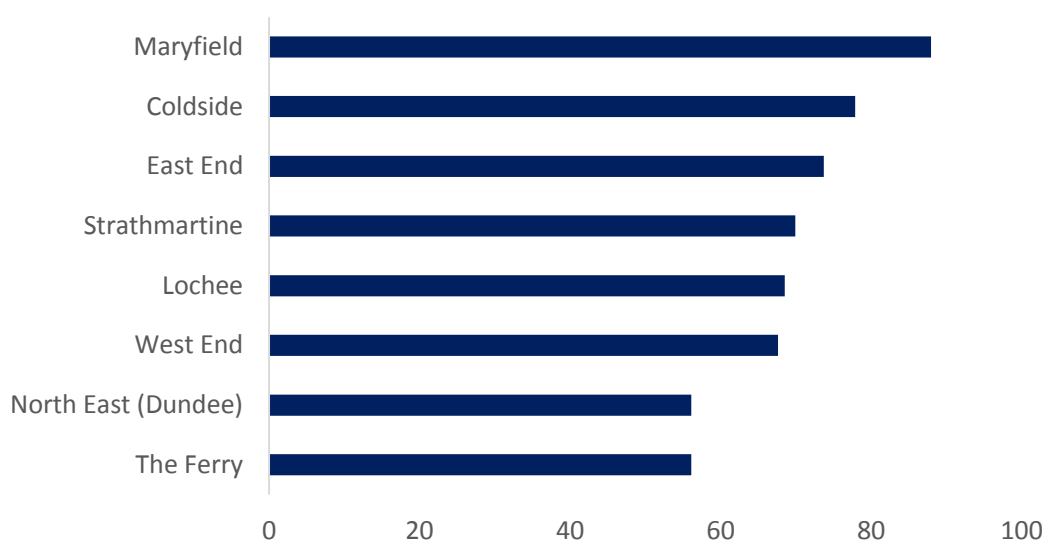
Source: Social Work Information System (K2) 2017

Homecare Services – Aged 65+

There were 1,725 people aged 65+ who received homecare totalling 17,929.80 hours in 2017. This is an average of 10.39 hours per person, per week.

In 2017 1,647 people received personal care totalling 10863.12 hours. This is an average of 6.59 hours of care per person, per week.

Chart 51: Rate per 1,000 people aged 65+ who received homecare, 2017 (snapshot week)

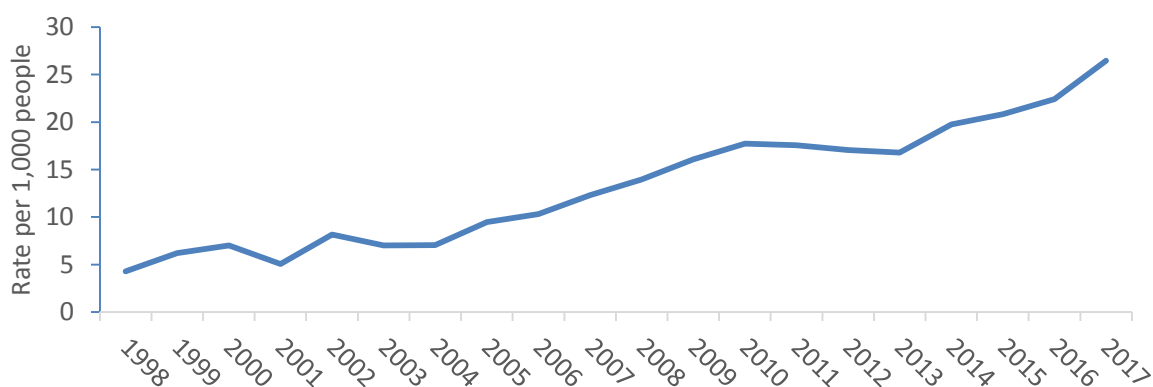


Source: Social Work Information System (K2) 2017

Chart 51 shows the rate per 1,000 of the age 65+ population who received homecare. There is significant variation between LCPP areas, with the rate in the North East and The Ferry being almost half the rate in Maryfield.

When 10 or more hours of homecare is provided each week, it is referred to as 'intensive homecare'.

Chart 52: Rate of people aged 65+ who received 10 hours or more of homecare



Source: Social Work Information System (K2) 2017

Chart 52 shows that the rate of people aged 65+ who received intensive homecare has increased considerably over the last 19 years.

As a result of increasing frailty and co-morbidities the need for intensive packages of homecare is rising at a higher rate than the current and projected demographic changes. Despite the changing demographics, and in line with the increasing trend in the rate of people receiving intensive homecare, the number of people living in care homes has remained stable over the last 10 years.

Key Findings

Homecare Services

- Over half of those who received adult Social Work services received homecare as part of their care package.
- Coldside and East End are the LCPP areas with the highest rates of people who received homecare and this reflects the high levels of care and support need in these areas (as demonstrated in Chart 25 for rates of people with one or more health conditions).
- As a result of increasing frailty and co-morbidities the need for intensive packages of homecare is rising at a higher rate than the current and projected demographic changes.
- Despite the changing demographics, and in line with the increasing trend in the rate of people receiving intensive homecare, the number of people living in care homes has remained stable over the last 10 years.

8.5 Care Homes

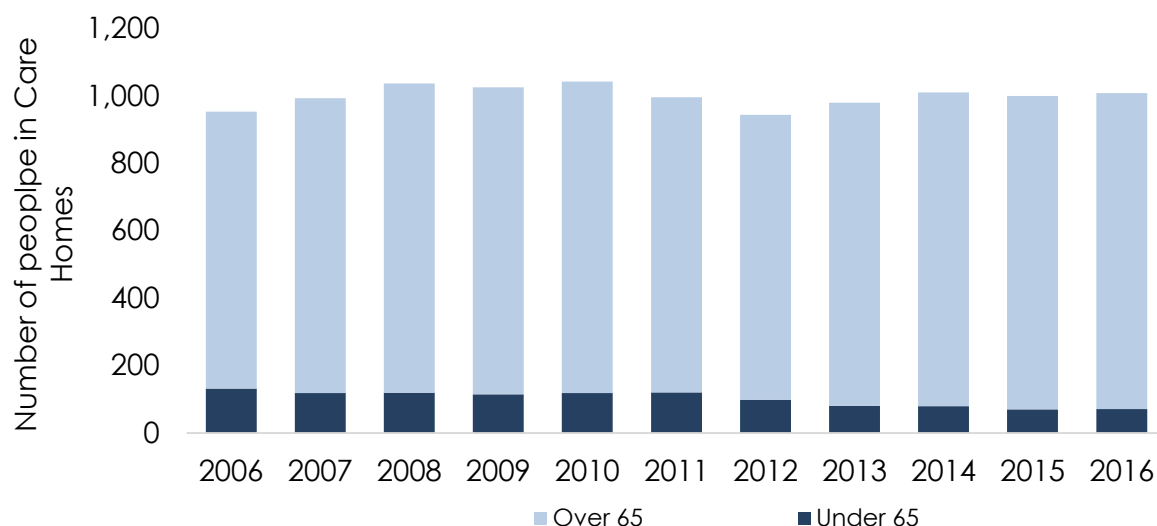
Dundee has 33 registered care homes. The majority of these are private or voluntary Care Homes.

Chart 53 shows that 90% of care homes residents were aged 65 and over and 10% were under 65 years of age.

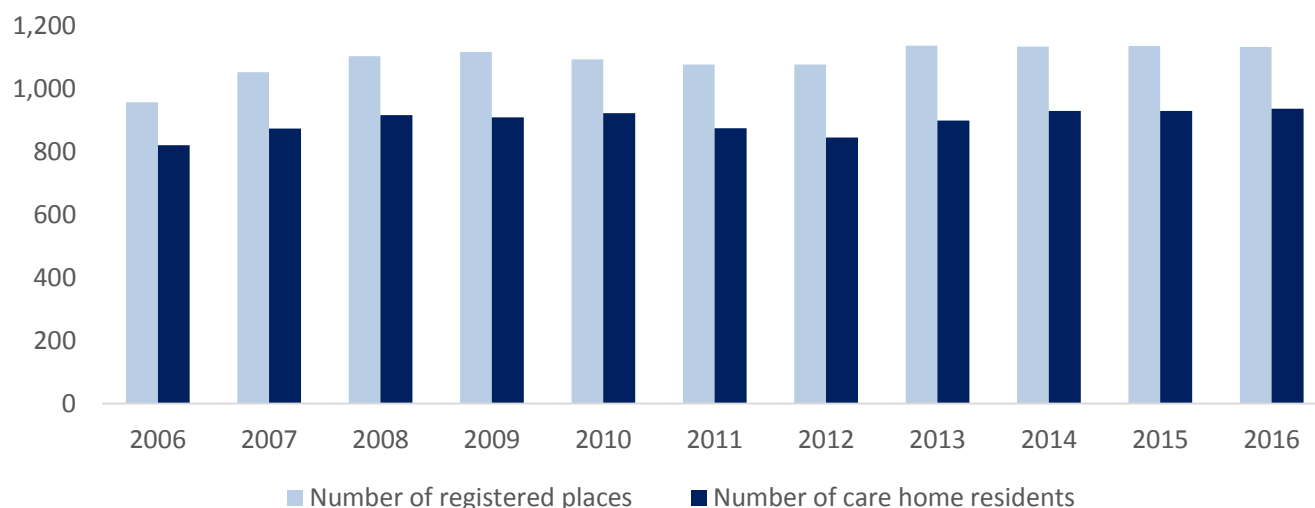
Chart 53 shows the number of care home residents in Dundee and the number of registered places. The number of people aged over 65 resident in a care home has increased year on year since 2012 (11%) meanwhile the number of people aged under 65 has decreased year on year since 2011 (41%).

The average weekly charge for those who self funded in 2016 was £723 with no nursing care and £785 with nursing care. This is slightly lower than the average Scotland figure which was £755 with no nursing care and £814 with nursing care.

Chart 53: Care homes trends over a 10 year period, ages over 65 and under 65

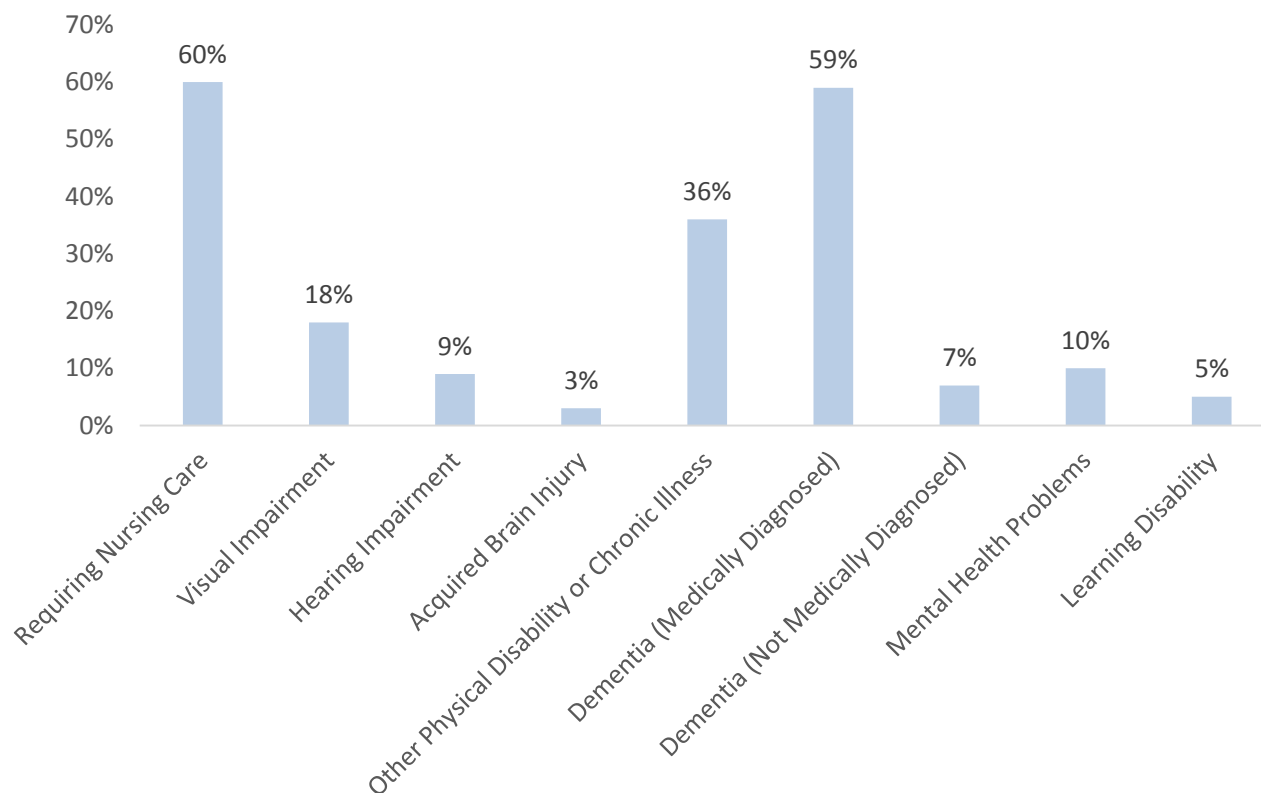


Source: Care home census 2016, ISD Scotland

Chart 54: Care homes for older people (aged 65+)

Source: Care home census 2016, ISD Scotland

Chart 54 gives further detail about the number of those aged 65+ in care homes. The number of registered places and the number of care home residents have increased over the last 10 years. There continues to be availability of care home places when comparing registered places with number of residents. This does not mean that when a care home place is sought that there will be suitable availability, as personal choice, complexity of care needs and financial arrangements can delay the allocation of places.

Chart 55: Health characteristics for people in care homes, all ages

Source: Care home census 2016, ISD Scotland

Chart 55 shows that in 2016 approximately 66% of those in care homes had dementia, either medically diagnosed or not medically diagnosed. 60% of care home residents required nursing care.

Data from the social work residential care home database shows that the average length of stays in care homes in Dundee increased from 27.8 months in 2015/16 to 32.6 months in 2016/17. 54% of those admitted in 2016/17 were aged 85+ compared to 51% in 2015/16. In 2016/17, 44% were admitted from hospital.

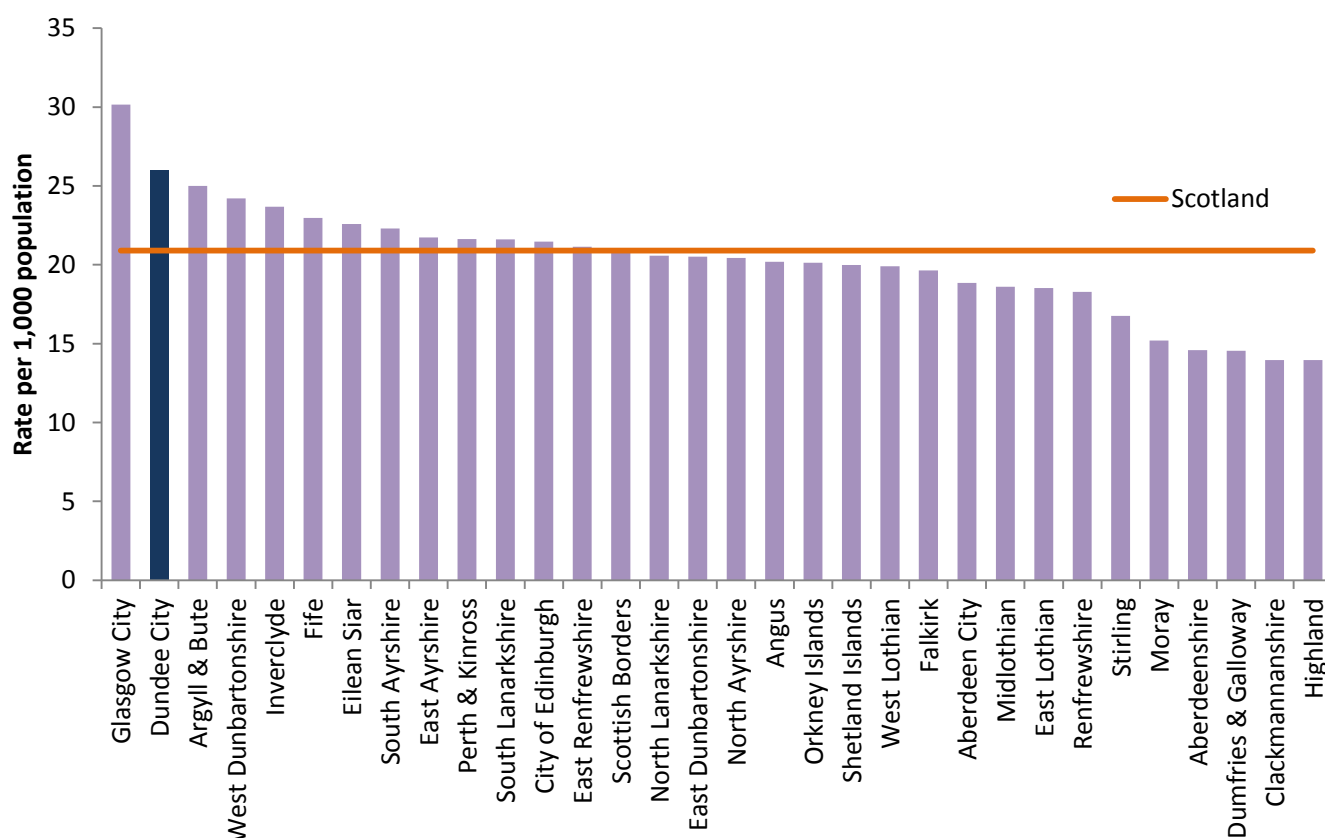
8.6 Falls

Dundee has one of the highest admission rates for falls in Scotland. As at 2016/17 the fall hospital admission rate was 26 per 1,000 population aged 65+ (see chart 1).

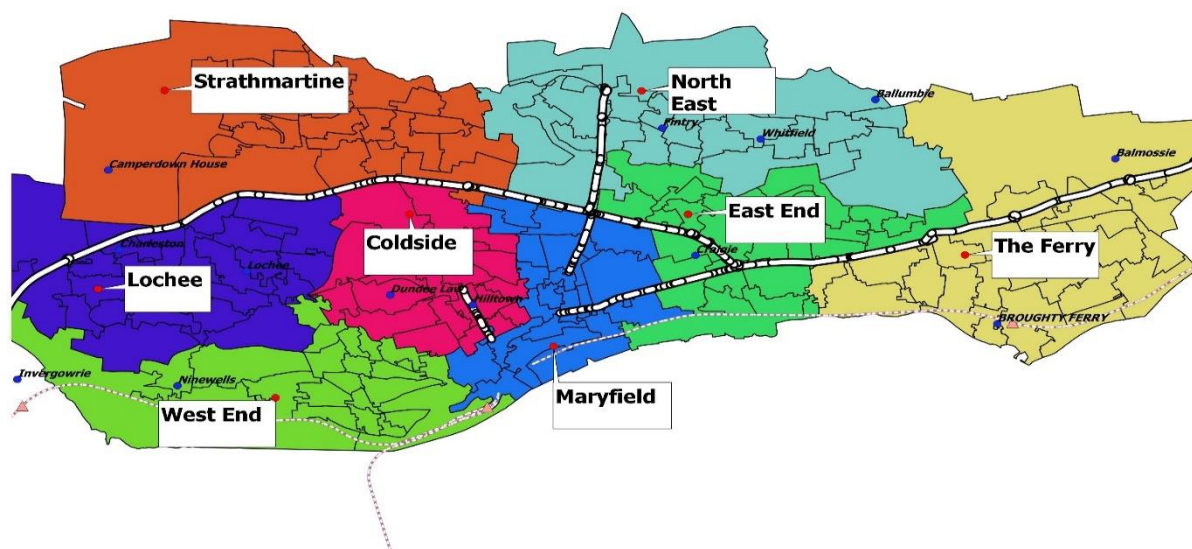
Hospital Discharges

Chart 56 shows the rate of falls related hospital admissions for people aged 65+.

Chart 56: Fall hospital admission rate per 1,000 65+ population in Scotland during 2016/17



The health cost of falls in adults to Dundee H&SCP during 2015/16 was around £6.5 million. Lochee was the costliest LCPP area due to falls whilst Maryfield and North East had the lowest costs.

Figure 5: Dundee LCPPs

The West End, a prominently affluent area, had the highest fall hospital admission rate in Dundee during 2016/17 with 32 per 1,000 population for people aged 65+ and its rate has been consistently higher than Dundee's over the last 5 years (see appendix A for further analysis). Other areas with consistently high falls admission rates for people aged 65+ are Coldsides, East End and Lochee.

Table 5: Falls admission rate per 1,000 65+ population in Dundee between 2012/13 and 2016/17

LCPP	2012/13	2013/14	2014/15	2015/16	2016/17
Dundee	23.8	26.1	25.0	24.7	26.0
Coldsides	23.6	24.5	24.9	29.6	28.7
East End	31.9	28.1	26.0	27.4	29.0
Lochee	23.8	29.5	28.8	26.6	28.7
Maryfield	21.7	31.4	22.1	23.2	25.2
North East	16.9	20.2	22.8	20.5	25.1
Strathmartine	17.9	26.4	24.4	25.2	23.6
The Ferry	24.4	21.0	22.5	19.3	19.8
West End	28.6	31.0	28.9	27.2	32.7

Source: ISD SMR01

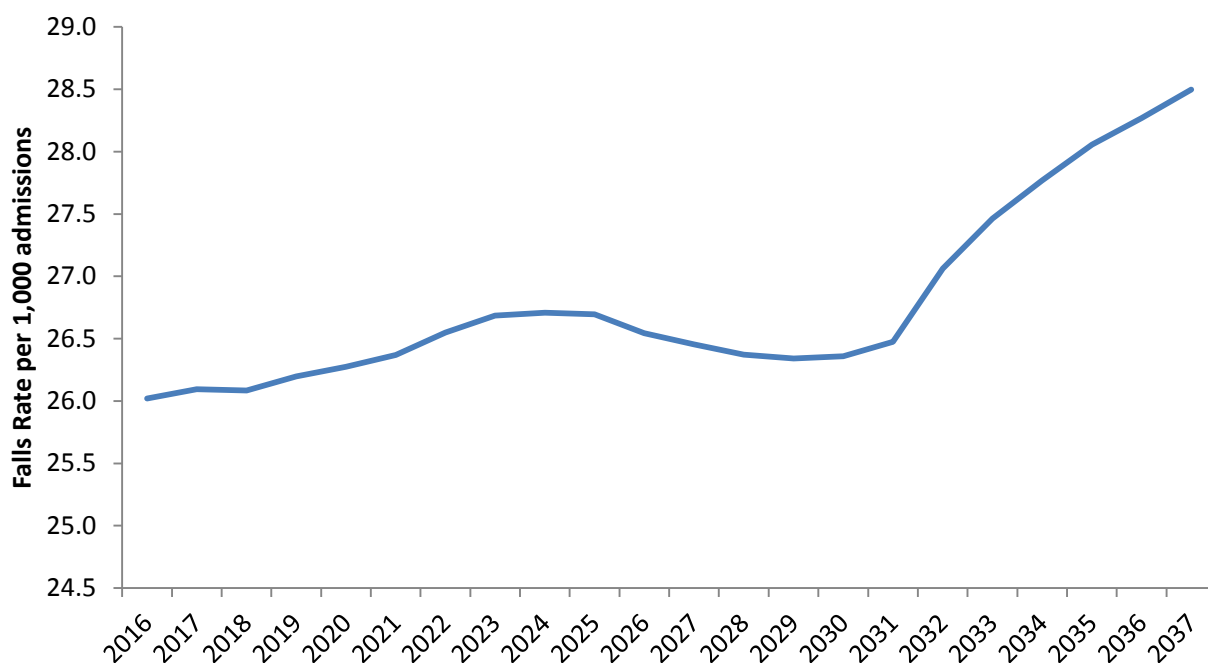
Table 6: Total Net Cost of falls admissions for all Adults aged 18+ in Dundee during 2015/16 split by acute and A&E

Locality	Acute Admissions	A&E Attendances	Total Cost
Dundee	£5,701,607	£635,322	£6,336,930
Coldside	£895,527	£98,906	£994,434
East End	£812,543	£84,158	£896,701
Lochee	£933,413	£97,130	£1,030,543
Maryfield	£379,551	£64,669	£444,220
North East	£369,400	£56,868	£426,269
Strathmartine	£752,225	£83,516	£835,741
The Ferry	£884,567	£75,039	£959,606
West End	£674,381	£75,036	£749,416

Source: ISD Source

The 65+ age group is one of the fastest growing age groups in Dundee. Currently, the number of people aged 65+ is estimated by National Records of Scotland to be 25,967 (almost the same number as 0-17 year olds). By 2037, the 65+ population is expected to increase by 28% to 33,138.

If the current age-specific admission rates persist then the fall admission rates for people age 65+ will only slightly increase to 26.5 per 1,000 population in 2027 but will start to increase at a faster rate post 2032 and reach 29 admissions per 1,000 population in 2037.

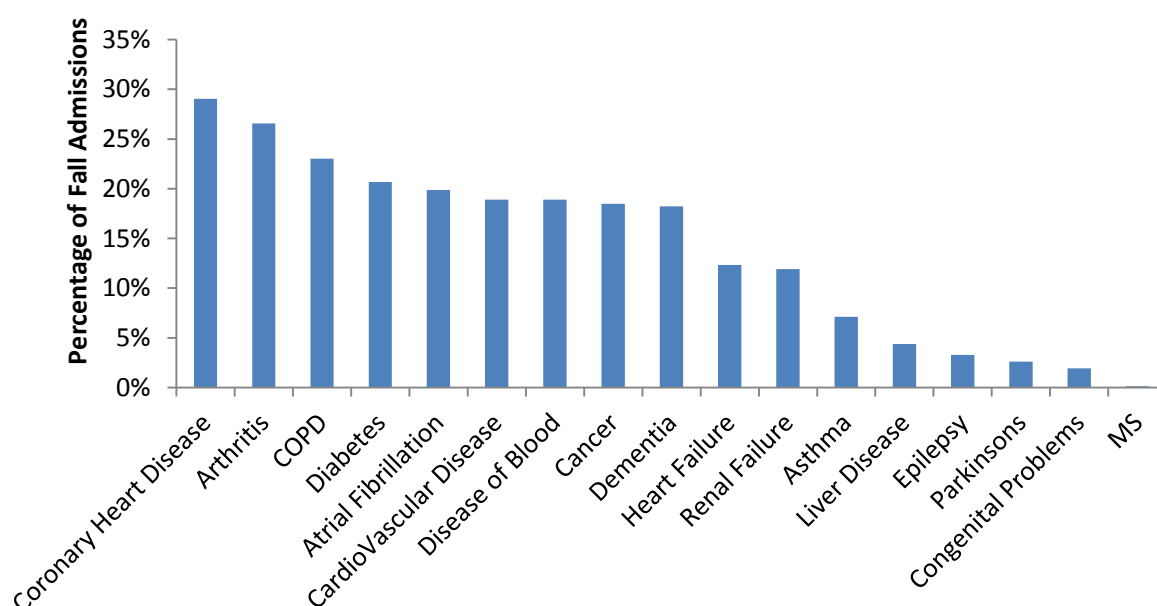
Chart 57: Projected falls admission rate per 1,000 65+ population between 2016 and 2037 in Dundee H&SCP

Source: ISD SMR01 and NRS

In most LCPP areas, the largest proportion of people who were hospitalised as a result of a fall were in the 75-84 age group, except in The Ferry where there were more people aged 85+ hospitalised as a result of a fall. The reasons for this are multi-factorial and include the higher life expectancy, the high number of older people living in their own homes, and the lower rate of unpaid carers who provide large amounts of care, for people living in more affluent LCPP areas such as The Ferry, compared with other LCPP areas in Dundee.

Coronary Heart Disease (CHD), Arthritis and COPD are the most common chronic illnesses underlying a fall admission. Approximately 29% of all people aged 65+ who are admitted due to a fall have CHD, 27% have arthritis and 23% have COPD. Chart 58 shows the breakdown of all long term conditions associated with fall admissions in 2015/16.

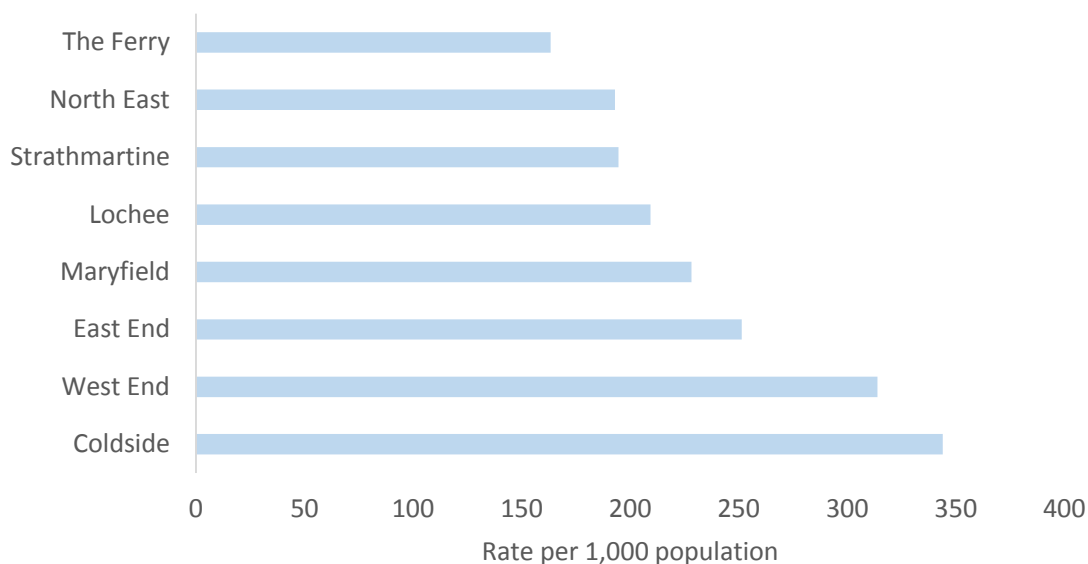
Chart 58: Underlying long term conditions that are prevalent in fall hospital admissions for people aged 65+ during 2015/16



Social Care Response Service

The Social Care Response Service responds to people who are at risk of falling in their own homes.

Chart 59: Rate per 1,000 people aged 65+ who are supported by a Social Care Response alarm in their own home or sheltered house



Source: PNC6

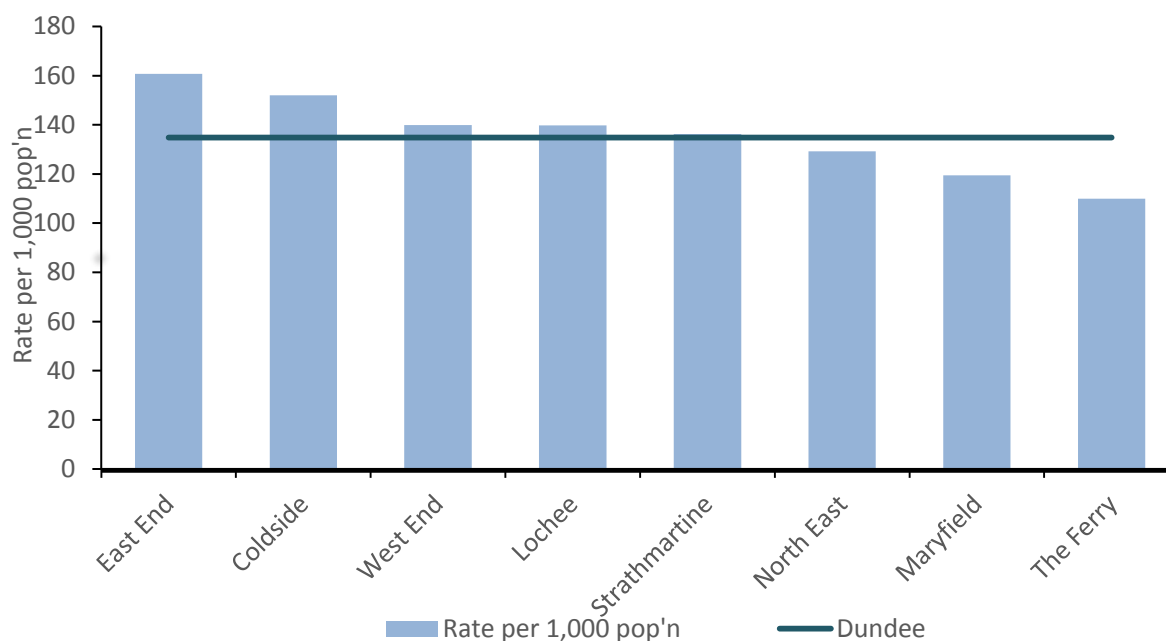
- West End has the 2nd highest rate of people aged 65+ who are supported by the Social Care Response Service, and the 3rd lowest rate of hospital discharge for treatment of a fall. This may indicate that the Social Care response service contributes to a reduction in the rate of hospital admissions due to a fall.
- North East has the 2nd lowest rate of people supported by the Social Care Response Service, but the highest number of people discharged for treatment following a fall.
- The Ferry has the lowest rate of people aged 65+ who are supported by the Social Care Response service and the lowest number of discharges following treatment for a fall. This may be an indication of lower demand for the Social Care Response service in The Ferry.

Occupational Therapy Service

The Occupational Therapy service offers assessment, services and aids to prevent falls. Between April 2015 and March 2016 approximately 4,700 Occupational Therapy (OT) assessments were carried out; of these 94% were completed within 20 days. The average time to complete an OT assessment was 6 days.

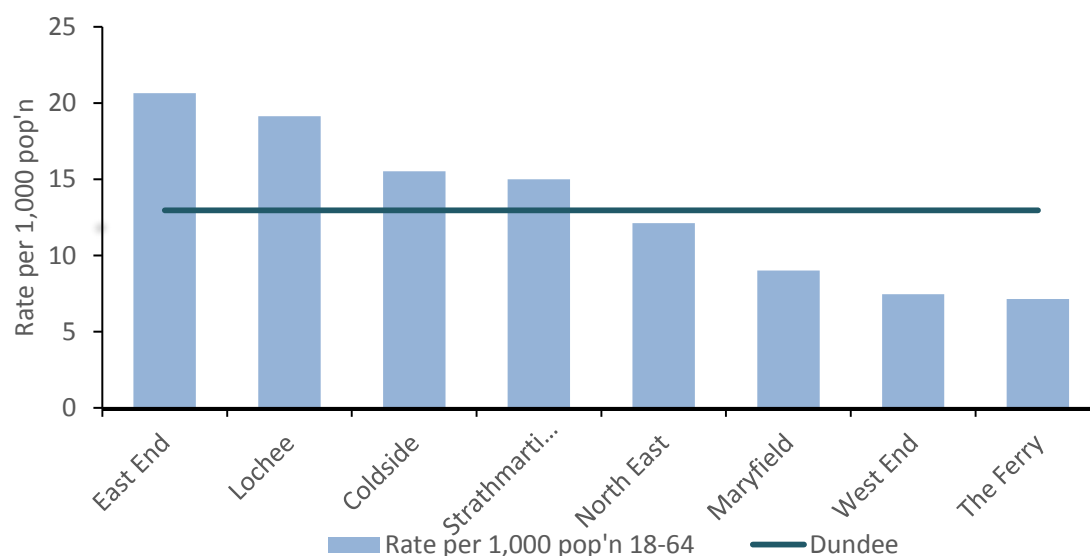
55% of those who received an OT assessment were aged 75+ and 74% were aged 65+. Charts 58 and 59 show OT assessments by LCPP areas.

Chart 60: OT assessment for people aged 65+, by LCPP area



Source: Social Work Information System (K2), unpublished data Apr 2015 to Mar 2016

Chart 61: OT assessment for people aged 18-64, by LCPP area



Source: K2 database, Social Work client index system, unpublished data Apr 2015 to Mar 2016

Charts 60 and 61 show that in 2015-16 there were a high proportion of OT assessments completed in the East End for both the 65+ and the 18-64 age groups. The East End had the 4th lowest number of discharges for the treatment of a fall compared with other LCPP areas in 2013/14.

Key Findings: Care Homes, Social Care Response Service, and OT Services

- The average length of stay in care homes has increased from 27.8 months in 2015/16 to 32.6 months in 2016/17. The average age at admission has also increased. This reflects the ageing, but increasingly frail population in Dundee.
- Falls at home or in the community account for a large number of hospital admissions. There is variation in the number of discharges following treatment for a fall by LCPP areas.
- West End has the 2nd highest rate of people aged 65+ who are supported by the Social Care Response Service and the 3rd lowest rate of hospital discharge following treatment for falls. This may indicate that the Social Care Response Service has contributed to reducing the rate of hospital admissions due to a fall.
- The Ferry has the lowest rate of people supported by the Social Care Response Service, but the highest number of people discharged following treatment for a fall.
- The top 3 LCPP areas where people aged 65+ received an OT assessment is the same as the top 3 LCPP areas for people with one or more health condition. One LCPP in particular, North East, does not follow this trend. This indicates that the health conditions most prevalent in this area are not related to physical mobility.
- There was not a link between the rate of people aged 18-64 in Coldside who received an OT assessment and the rate of people with one or more health condition. This indicates that the health conditions experienced by people aged 18-64 in Coldside are not related to physical mobility.

9.0 PERSONALISED SERVICES

9.1 Self-directed Support

The Social Care (Self-directed Support) Act 2013 came into force on 01 April 2014. Self-directed Support (SDS) is the support a person purchases or arranges to meet agreed health and social care outcomes. SDS allows people to choose how their support is provided, and gives them control of their individual budget.

SDS offers a number of options for accessing support. Individual (or personal) budgets can be:

- Option One:** Taken as Direct Payment
- Option Two:** Allocated to a provider the individual chooses
- Option Three:** Local authority arranges a service

People can also choose a mixture of all 3 of these different arrangements for support.

Table 7 gives a breakdown of Options One and Two in 2015/16.

Table 7: Option One and Option Two uptake and costs in Dundee, 2015/16

Option	No. of people	Cost	Dundee Rate per 100,000 population	Scotland rate per 100,000 population
Option One	58	£928,673	38	140
Option Two	22	£96279	13	120

Source: Social Care Survery, Scottish Governement 2016

The number of people who received Options 1 or 2 in 2015/16 was very low in Dundee, although there has been an increase in SDS between 2014/15 and 2015/16 with an 18% increase in Option 1 and 83% increase in Option 2 between 2014/15 and 2015/16.

10.0 CARERS

10.1 Carers in Dundee

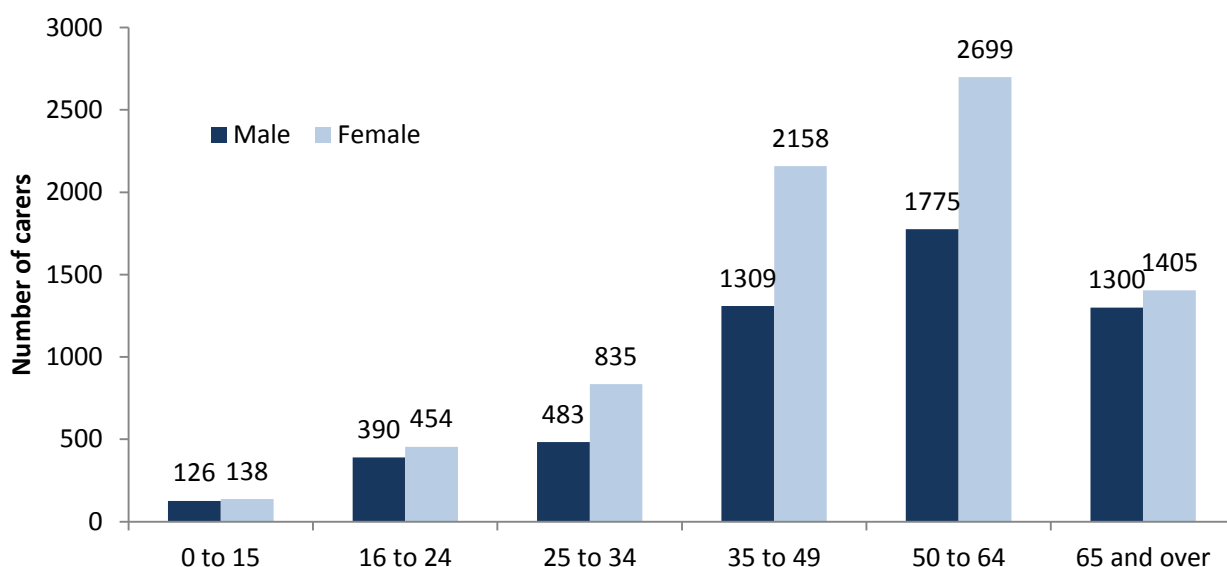
The 2011 Census asked people whether they look after, or give any help or support to other family members, friends, neighbours or others because of either long term physical and/or mental ill-health, disability or challenges related to old age. The definition did not include paid employment.

The information provided in this section is taken from the Census and is sourced through self-reporting. It may not provide a full picture, as some people do not recognise themselves as being a carer.

In 2011 13,072 people in Dundee identified themselves as being a carer; this is 8.9% of Dundee's population and a rate of 89 people per 1,000 population. The rate for Scotland is 93 people per 1,000 population.

Between 2001 and 2011 there was a 16% increase in the number of people who provided 20 hours or more of unpaid care in Dundee.

Chart 62: Known carers by gender and age group, 2011 Census



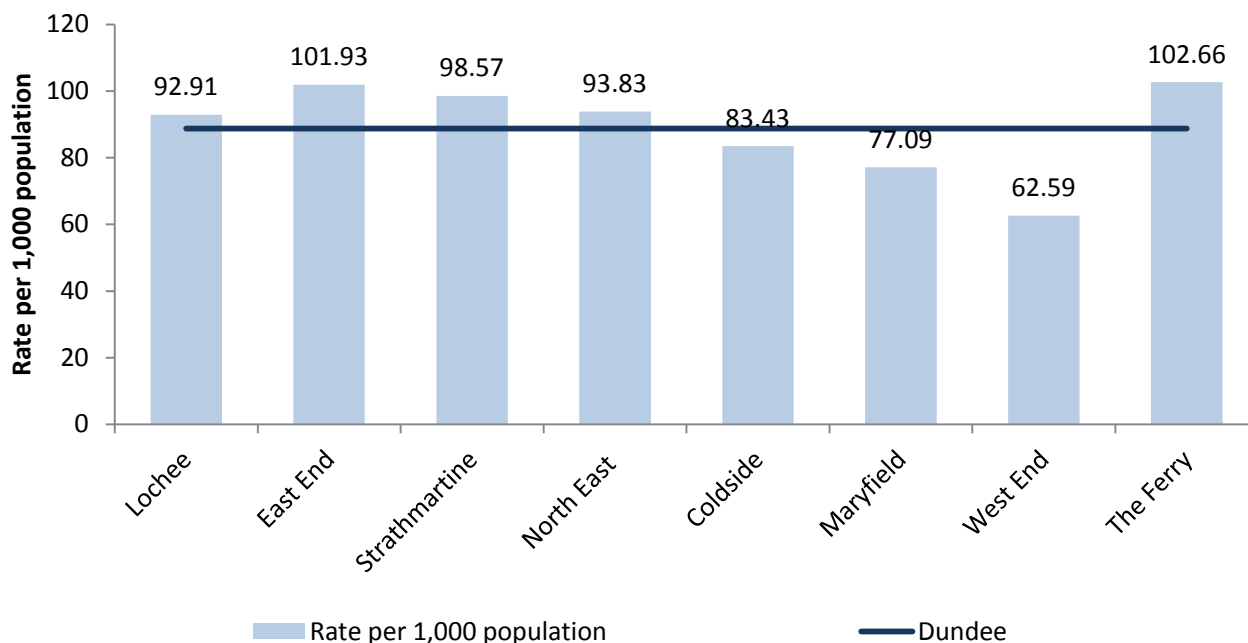
Source: Scotland's Census 2011, scotlandcensus.gov.uk

Chart 62 shows that the largest group of carers were in the 50-64 age group. It also shows that just over a third of all carers were in the 35 to 49 age group and nearly 60% were women. Approximately a fifth of carers were aged 65 or over and 8% were young carers (0 to 24 age group).

10.2 Known Carers by LCPP areas

Charts 63 and 64 show the LCPP areas in Dundee which are the most deprived (on the left) and the least deprived (on the right). The information is based on where the carer lives, as distinct from where the cared for person lives. The cared for person may live in another LCPP area or even another local authority area.

Chart 63: Known carers by LCPP per 1,000 population



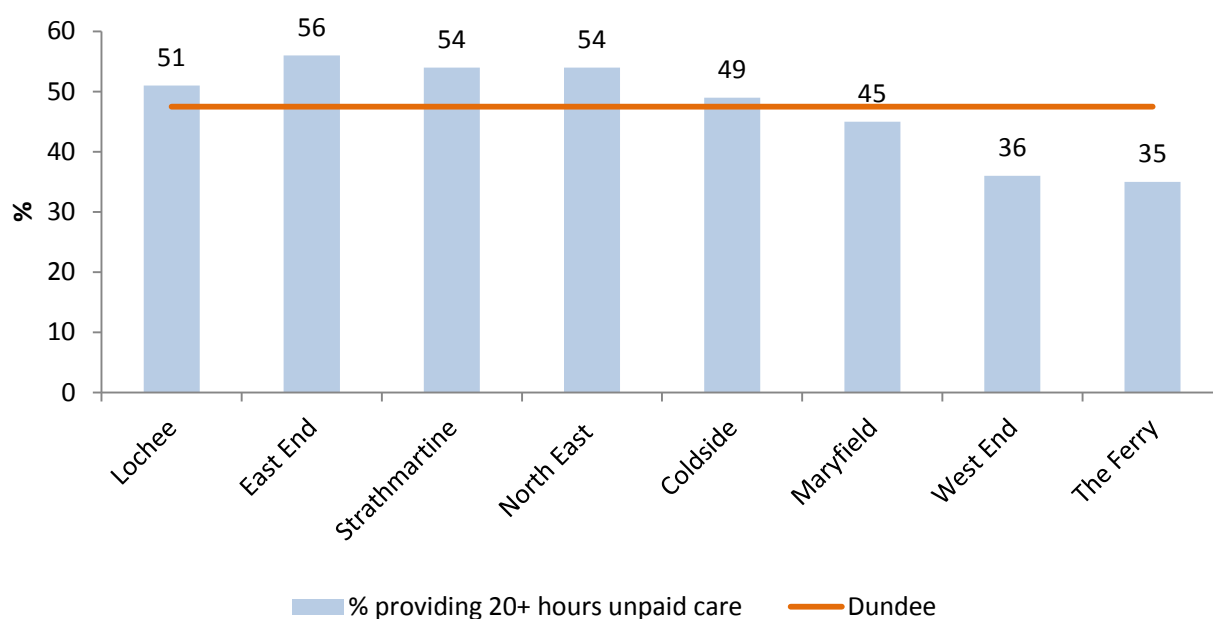
Source: Scotland's Census 2011, scotlandcensus.gov.uk

The Ferry has the highest rate of people who identified themselves as being a carer, and West End has the lowest rate. The Ferry also has the highest population of people who are aged 65+.

The East End has the second highest rate of carers. The East End also has the highest proportion of people who have one or more health conditions, as well as the highest proportion of people with sensory impairment, physical disabilities and mental health conditions.

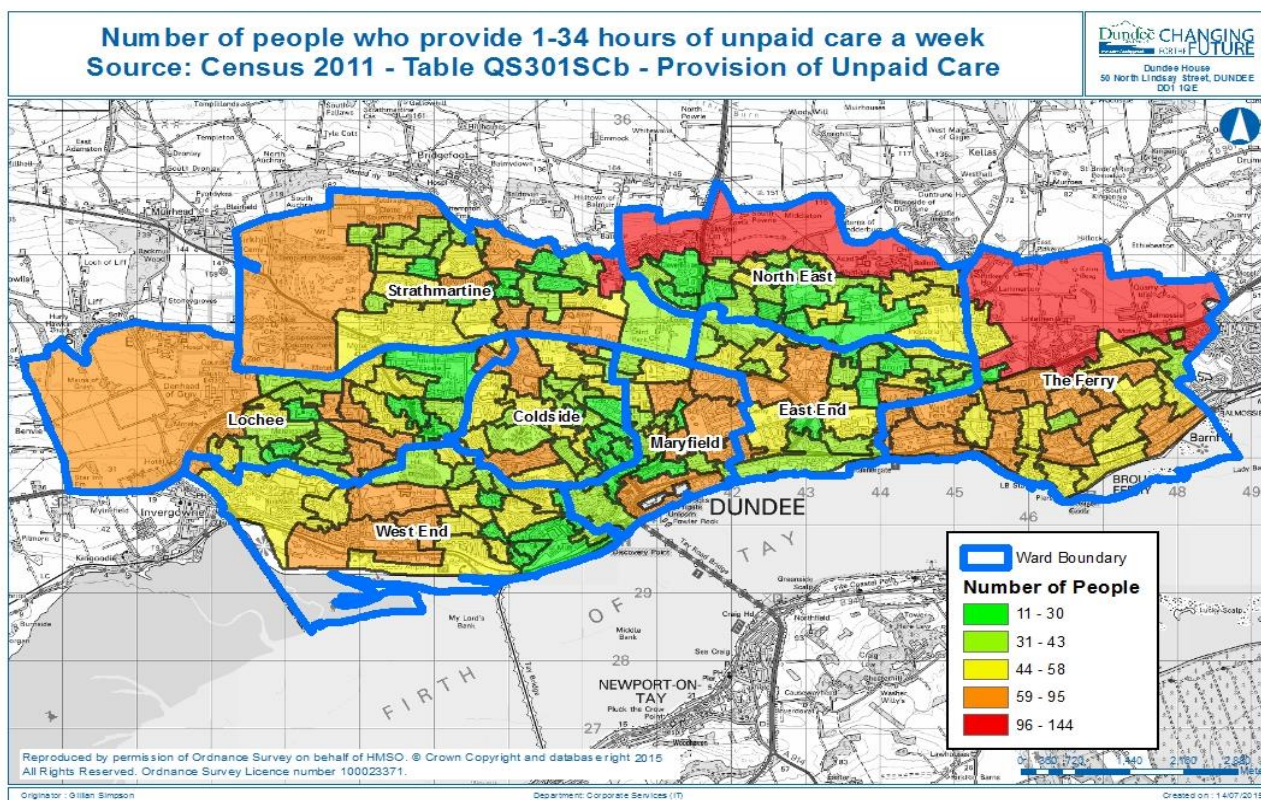
Chart 64 below shows that those living in the most deprived areas in Dundee were more likely to be providing more than 20 hours of care, in comparison with carers living in the least deprived areas.

East End had the highest proportion of people who provided 20 hours or more of care, and just over a third of carers in the East End provided 50 hours or more of unpaid care.

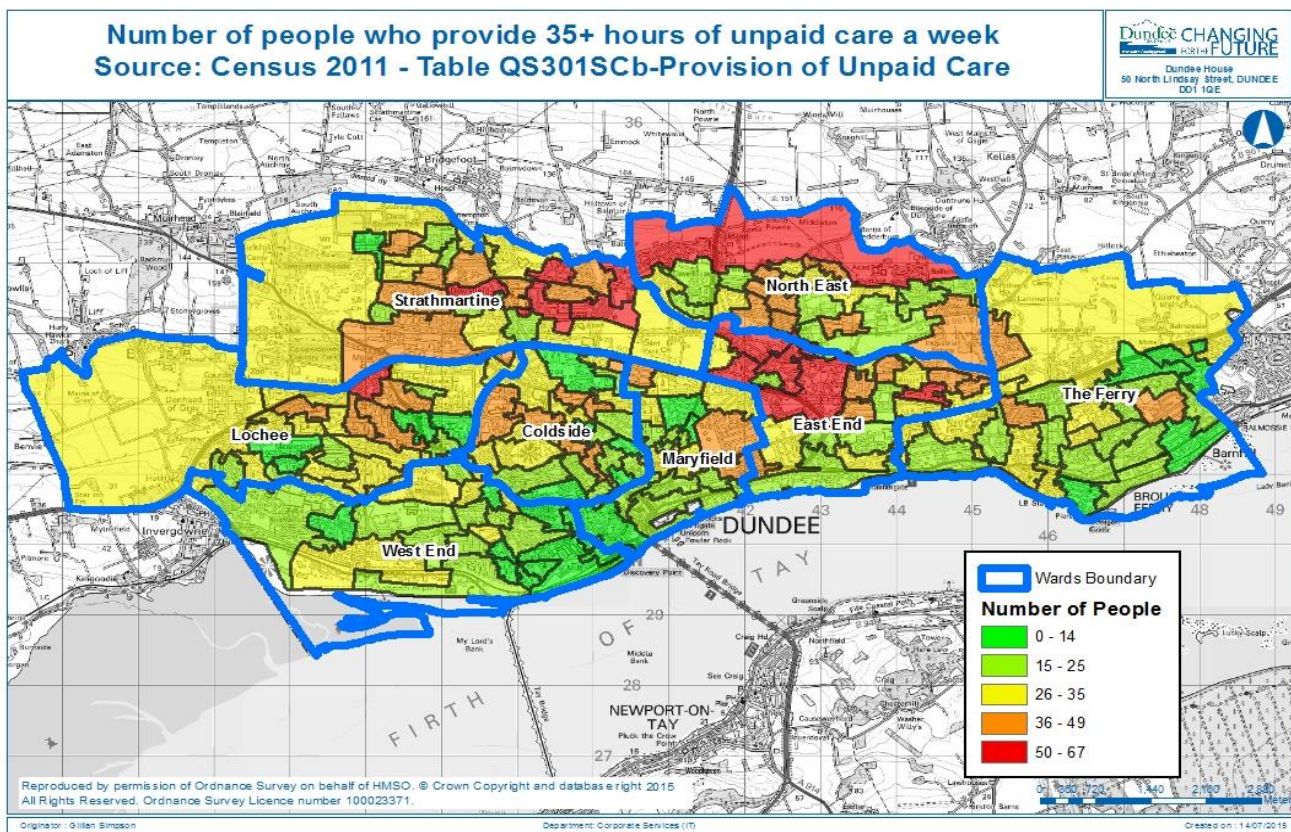
Chart 64: % of Carers in each LCPP who provide over 20 hrs of unpaid care

Source: Scotland's Census 2011, scotlandcensus.gov.uk

Figures 6 and 7 show maps which highlight the areas in Dundee where people who provide unpaid care live. The maps are colour coded with the highest concentrations of carers highlighted in red and the lowest concentrations highlighted in green.

Figure 6: People providing 1 to 34 hours of care in Dundee

Source: Census data 2011 by datazones, scotlandcensus.gov.uk

Figure 7: People providing 35 hours or more of care in Dundee

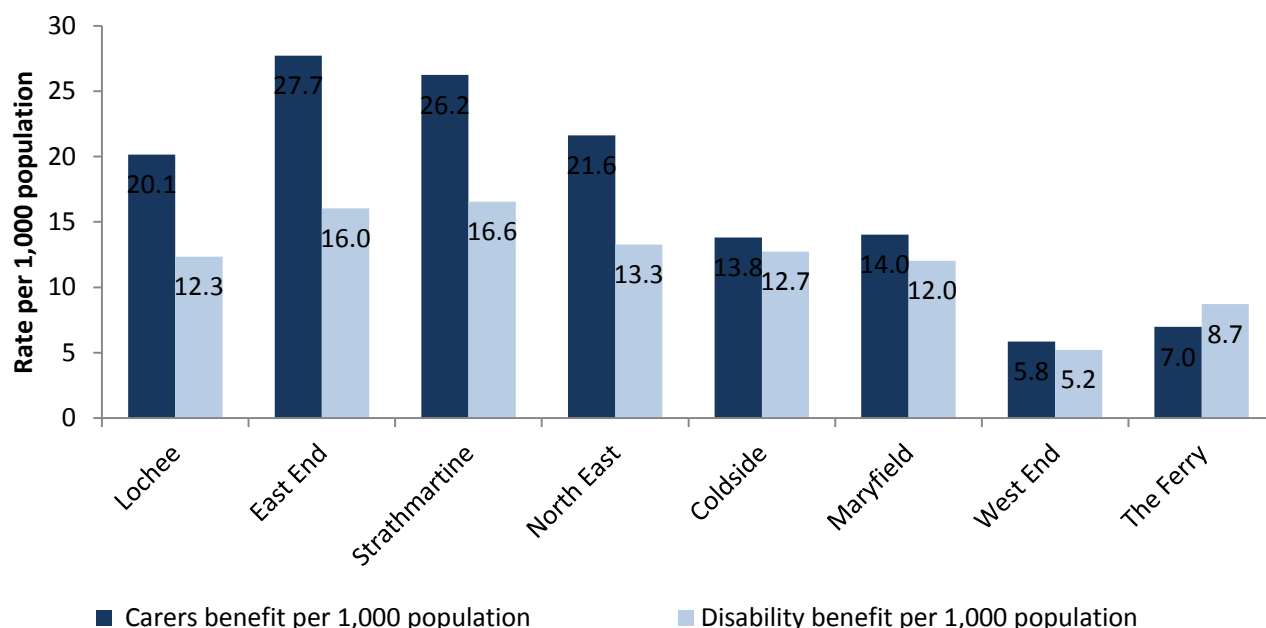
Source: Census data 2011 by datazones, scotlandcensus.gov.uk

10.3 Inequalities for Carers in Dundee

The information presented in Charts 65 and 66 is based on a snap shot of claimants for Carers Allowance and Disability Allowance during November 2014.

Carers Allowance claimants must be aged 16 or over and spend 35 hours or more looking after the cared for person. Disability Allowance is a benefit for disabled people who need help with mobility or care costs.

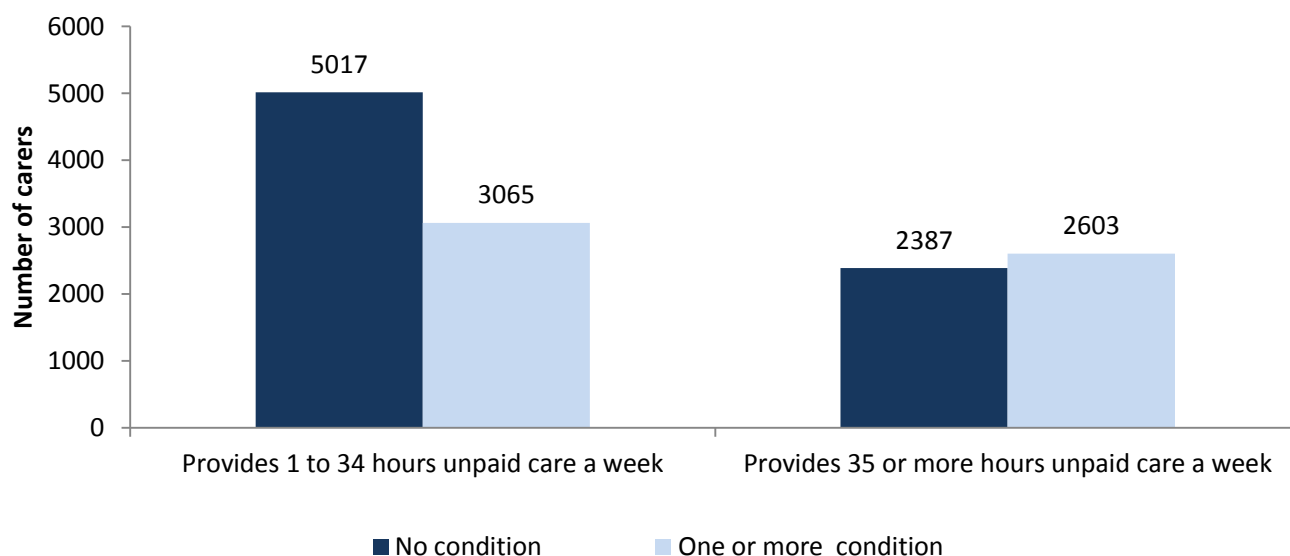
Chart 65: Number of carers and disability allowance claimants per 1,000 population, by LCPP area, at November 2014



Source: Nomis Labour market profile, official labour market statistics, small area breakdown

In November 2014 Dundee had just over 1600 claimants for Carers Allowance. East End and Strathmartine had the highest rates of people (aged 16 to 64) claiming Carers Allowance. West End had the lowest rate of people (aged 16 to 64) claiming Carers Allowance. Strathmartine had the highest rate of Disability Allowance claimants followed by the East End. There are higher proportions of claimants of Disability and Carers Allowance in LCPP areas that have high levels of deprivation.

Chart 66: Unpaid carers who have health conditions by the number of hours of care they provide, 2011



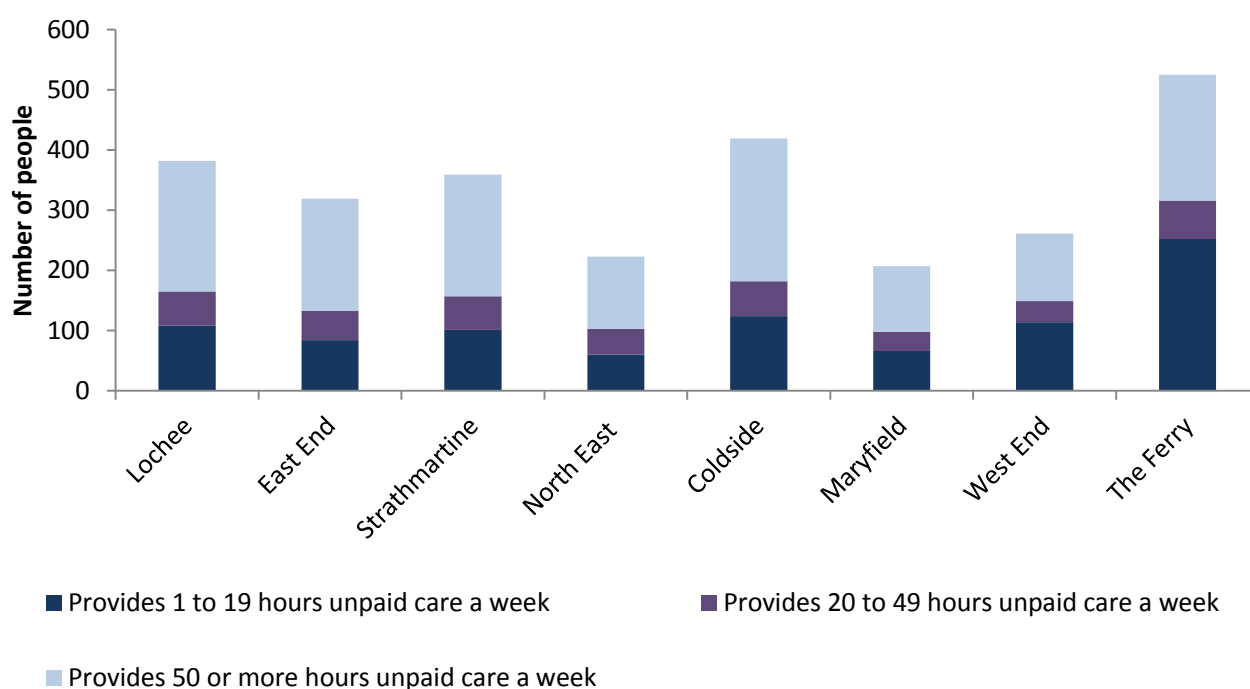
Source: Scotland's Census 2011, scotlandcensus.gov.uk

Chart 66 shows that over half of those who provided 35 or more hours of unpaid care a week have one or more health condition.

10.4 Older Carers Aged 65+ Years

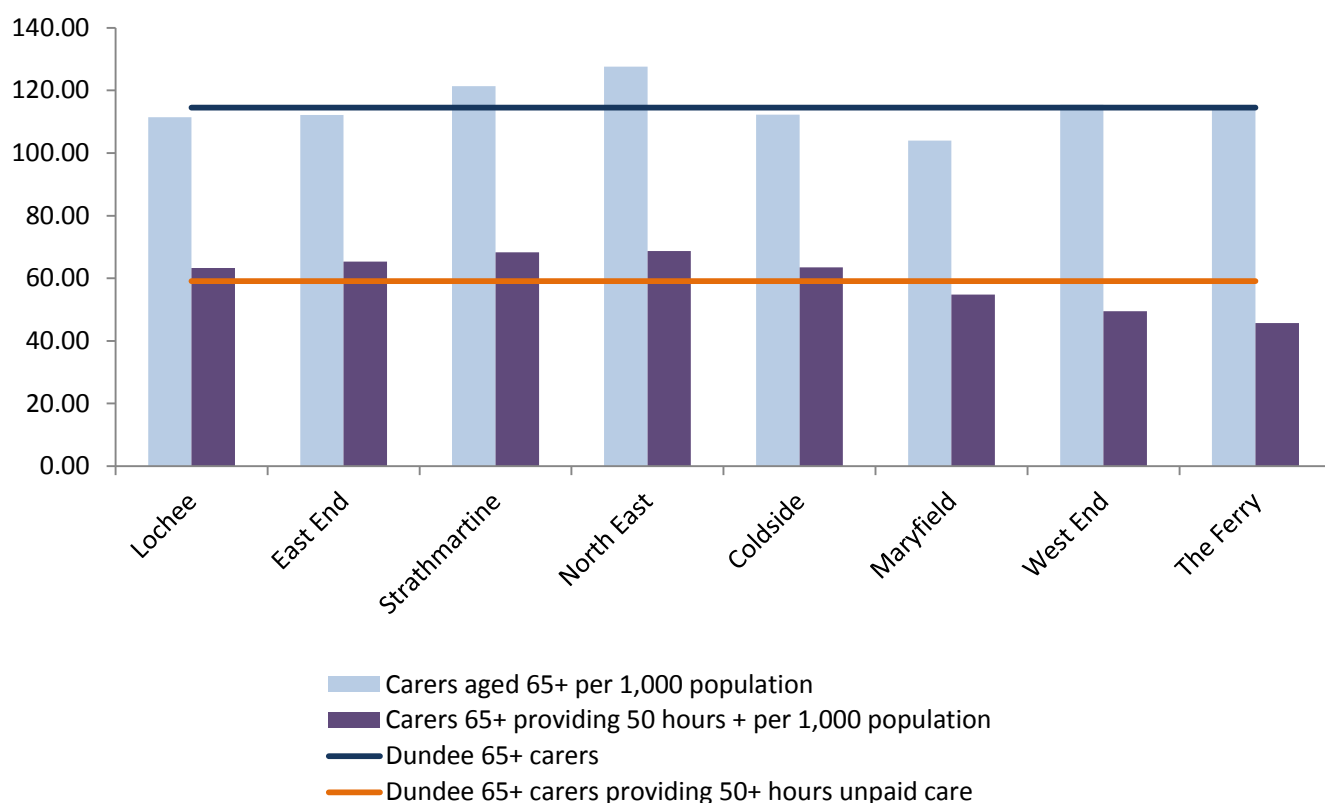
One fifth of carers in Dundee are over 65 years of age. Chart 67 shows the number of carers in each LCPP area by the number of hours of unpaid care they provided each week.

Chart 67: Number of older unpaid carers by LCPP area, 2011



Source: Census 2011, scotlandcensus.gov.uk

The Ferry had the highest number of older carers, although it should be noted that The Ferry also has the highest population of people aged 65+ years. For older carers in the East End, 58% provided 50 hours or more of unpaid care.

Chart 68: Older unpaid carers per 1,000 population, by LCPP, 2011

Source: Census 2011, scotlandcensus.gov.uk

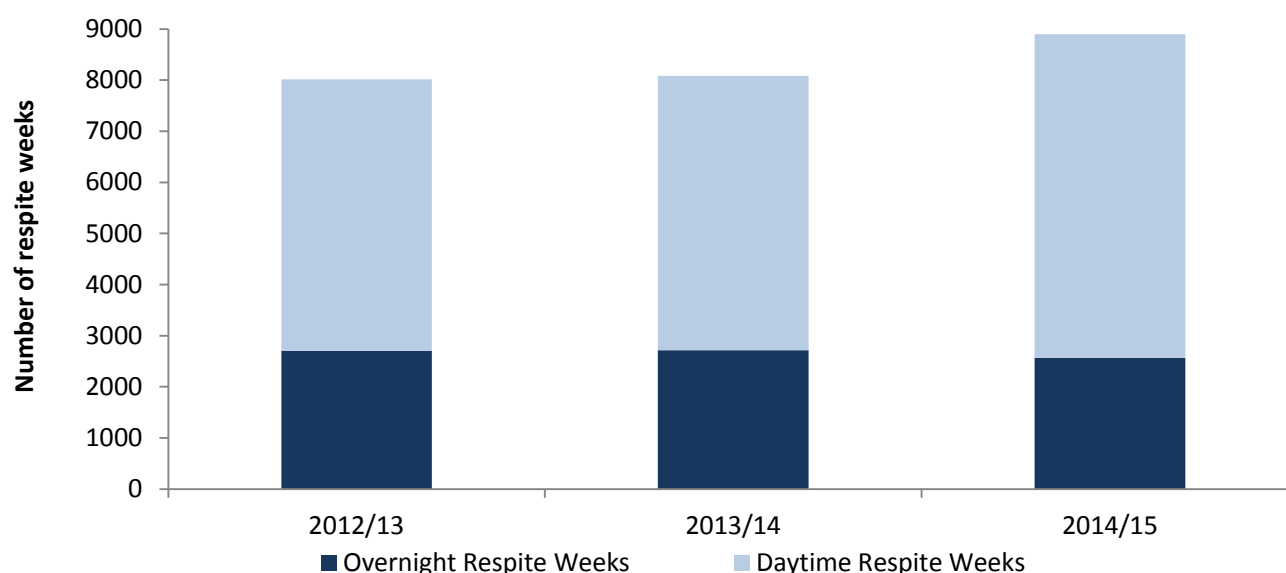
The North East older population provided the highest rate of unpaid care in comparison to the other LCPP areas. Carers who were aged 65+ in North East were more likely to provide 50+ hours of care, in comparison to the other LCPP areas.

Strathmartine and Coldsides LCPP areas had higher rates of older people who provided 50 hours or more unpaid care than the Dundee average. Although The Ferry has a high number of older carers, standardising the data shows that they had the same rate per 1,000 population as the Dundee average, and there is a lower rate of older carers who provided 50+ hours of care in The Ferry.

10.5 Respite Care

One way of supporting carers is to offer them a period of respite, where the cared for person is cared for away from their main carer, for an agreed period of time. This can be during the day as part of an enabler service, or for instance at a day care centre. It can also be during the night in the cared for person's home or in a care home.

Chart 69: Provision of respite weeks in Dundee City (all ages) 2012/13 to 2014/15



Source: Respite Care Information 2013/14, Scottish Government and unpublished Respite Return 2014-15

Since 2012/13 there has been an increase in the provision of respite in Dundee, whereas the trend for Scotland has stayed about the same. 29% of the respite provided in Dundee was overnight respite, and 71% was day time respite.

Dundee exceeds the Scottish average for respite care provision. In 2014/15 6% of respite care was for the 17 and under age group, 57% was for the 18-64 age group and 37% was for the 65+ age group. There has been an increase in respite care for the 18 to 64 age group and a fall in respite for people who are aged 65+.

Key Findings: Carers

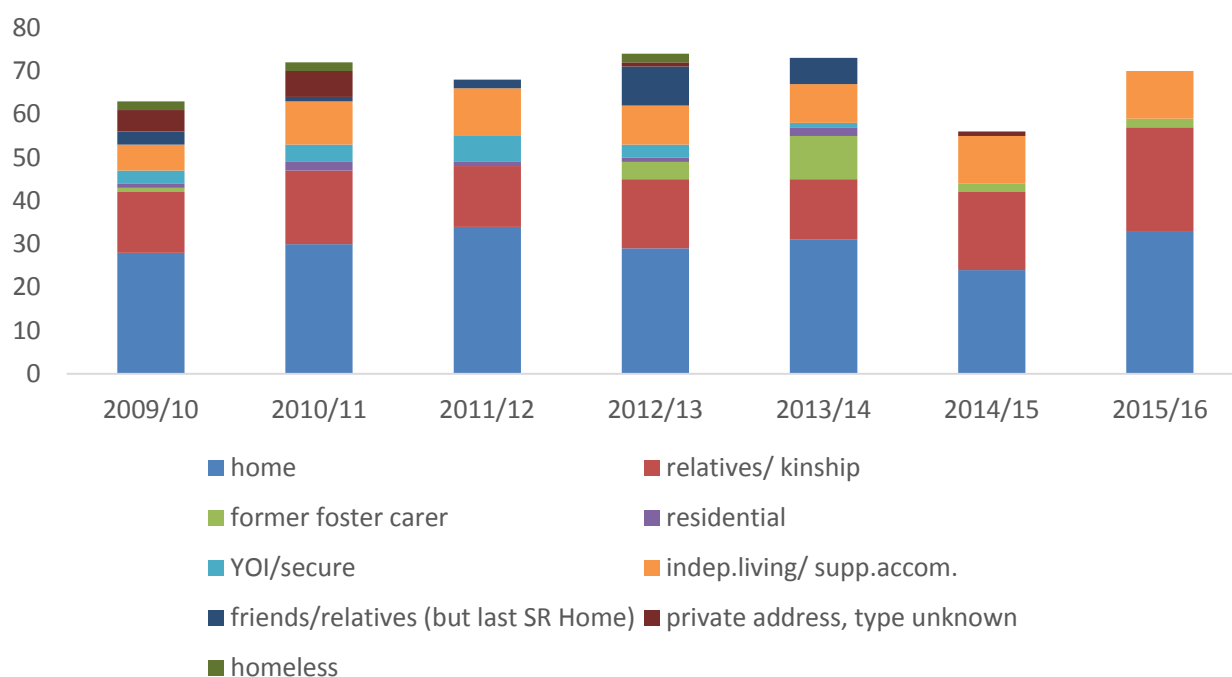
- A high proportion of the Dundee population provides unpaid care for a family member, friend or neighbour.
- The majority of carers were aged 50+ and one in five carers were aged 65+.
- There is variation in the proportion of carers providing 20+ hours of unpaid care across LCPP areas, with the carers who live in the most deprived LCPP areas providing the greatest proportion.
- Over half of carers who provided 35+ hours of unpaid care per week had one or more health condition themselves.
- Respite care provision in Dundee has increased over the last 3 years for the 18 to 64 age group, although there has been and a fall in respite for people who are aged 65+.

11.0 CHILDREN AND YOUNG PEOPLE

11.1 Care Leavers

Chart 70 shows the number of care leavers who were aged 15+ on the day they left care.

Chart 70: Number of care leavers aged 15+, by the type of destination accommodation



Source: Social Work Information Systems (K2& MOSAIC) 2017

The number of young people leaving care at age 15+ is relatively stable around 70 per year. Immediate destinations are increasingly into the community; however, young people born after 1st April 1999 are now eligible for continuing care and many will choose to remain with former foster or kinship carers or even in residential accommodation with support by the local authority until the age of 21.

Please note that the graph above shows destination accommodation on the day they ceased to be looked after but many careleavers will change accommodation sooner after and together with the eleven young people living in independent living/supported accommodation require continued support to reduce their risk of homelessness, mental health issues and/or being exposed to increased risk of substance misuse.

Throughcare and Aftercare Services

The Throughcare and Aftercare (TCAC) Team in Dundee provides assessment, care planning and support to looked after young people and careleavers of school leaving age and beyond to support them into independence. The following are some key service statistics in relation to the TCAC service in Dundee:

- The total number of young people who received a service from the Throughcare and Aftercare (TCAC) Team in the year 2015/16 was 78, compared to 85 in 2014/15 and 108 in 2013/14.
- On 31st July 2016, 14 number of young people were in supported accommodation, compared to 11 on the same day in 2015
- 25 young people were living in their own tenancies, supported by a partnership between TCAC Team, Housing Services and Carolina Trust.

It is anticipated that the number of young people in need of TCAC services will continue to grow, as a result of the recent legislative changes.

Young people who are receiving support from the TCAC Team are a vulnerable group who can sometimes find themselves unable to manage independently and can become homeless. On average, six young people will become homeless 2-3 times each year for an average period of 2-4 months in a year.

54% of young people receiving Aftercare on 31st July 2016 were in further education, training or employment. The largest group of young people who are in further education (50%) live with a foster carer and the second largest group (27%) live with family, friends or relatives.

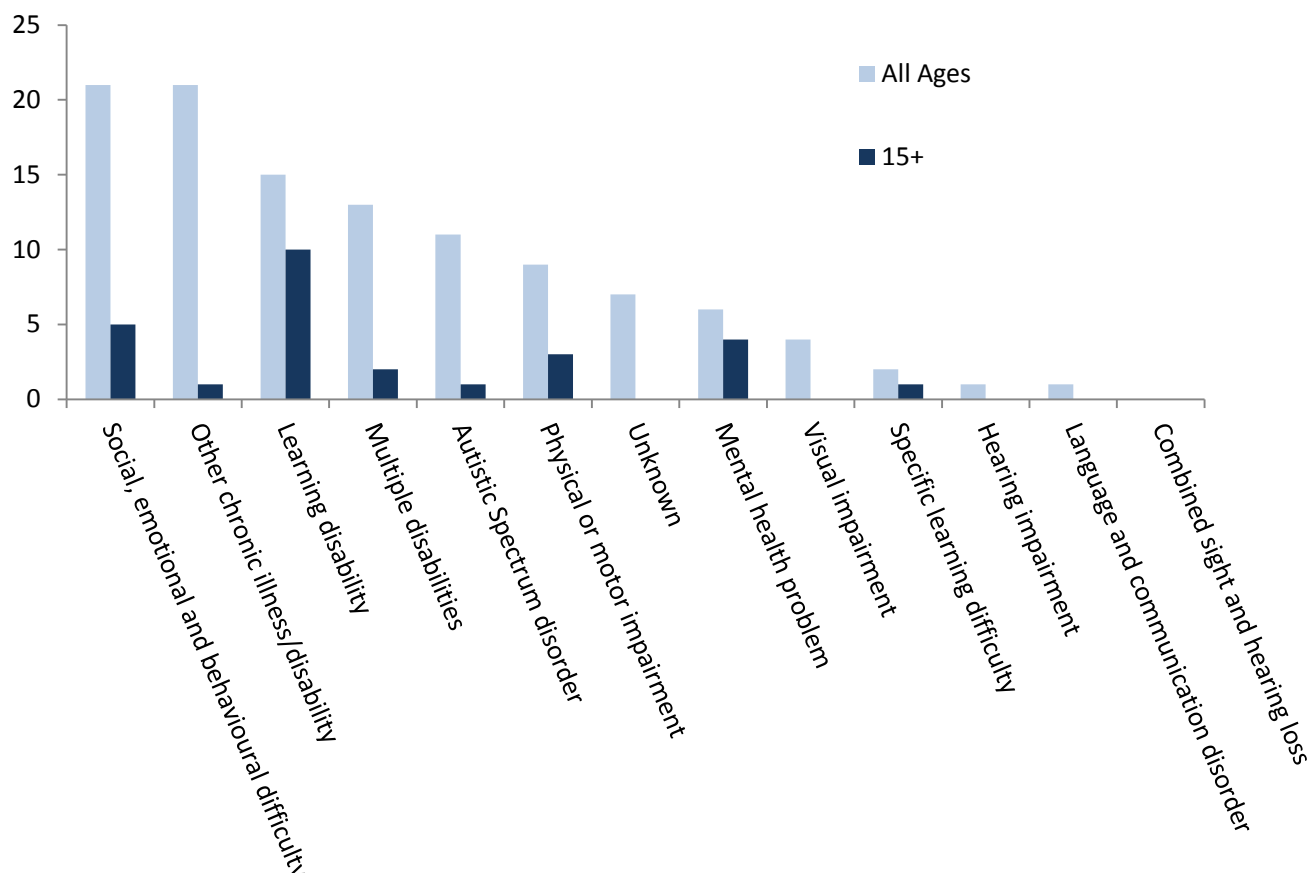
11.2 Children with Disabilities

For young people with enduring and significant health conditions and disabilities predictions can be made about their likely need for services when they reach adulthood. Such early identification has advantages for young people and their families, as work can be done to introduce adult services and help families anticipate and plan for the future. Agencies can also plan and budget more effectively when they have information about prospective service users.

Looked After Children with Disabilities

Between 15% and 20% of all looked after children have a disability. This rises to approximately 25% of older young people, as some disabilities are only recognised or recorded later in a child's life.

Chart 71: Number of children and young people looked after in Dundee, by disability, on 31st July 2016



Source: Social Work Information System (K2) 2016

Chart 71 shows the range of disabilities recorded for looked after children in Dundee on 31st July 2016. Social, emotional and behavioural difficulties are highest across all age groups, with learning disabilities highest in the 15+ age group.

Children known to Children and Families Social Work Services in Dundee, who have a disability

The most prevalent disabilities for children known to services in Dundee are: learning disabilities (41%), physical disabilities (35%), developmental delay (21%) and communication difficulties (16%).

Key Findings: Care Leavers and Children with Disabilities

- The overall number of children and young people looked after in Dundee is decreasing but at the same time the number living with foster carers is increasing. This may result in a higher number of young people in receipt of continuing care to the age of 21 and receiving general support up to age 25.
- Young people who are looked after and who opt for continuing care will now be supported by the local authority until the age of 21.
- Young people who are receiving support from the TCAC Team are a vulnerable group of people who can sometimes find themselves unable to manage independently and may find themselves homeless.
- On average, 6 young people will become homeless 2-3 times in a year, for an average period of 2-4 months.
- 54% of young people receiving Aftercare are in further education, training or employment.
- Between 15% and 20% of looked after children have a disability. This rises to approximately 25% at the older end of the young person age range.
- The largest group of young people who are in further education (50%) live with a foster carer and the second largest (27%) live with family, friends or relatives.
- The most prevalent disabilities recorded for looked after children across all age groups relate to social, emotional and behavioural difficulties.
- The number of children with learning disabilities is highest in the 15+ age group.
- The most prevalent disabilities for children known to Social Work Services in Dundee are learning disabilities (41%), physical disabilities (35%), developmental delay (21%) and communication difficulties (16%).
- 83% of children known to Social Work Services, who had a learning disability, were also looked after.

12.0 STRATEGIC PLANNING CARE GROUPS

Strategic planning and commissioning by care group is currently directed by care group Strategic Planning Groups (SPG). Dundee has the following SPGs:

Older People (including Older People with Dementia)

Learning Disability and/or Autism

Physical Disabilities

Sensory Impairment

Mental Health and Wellbeing

Carers

Homelessness

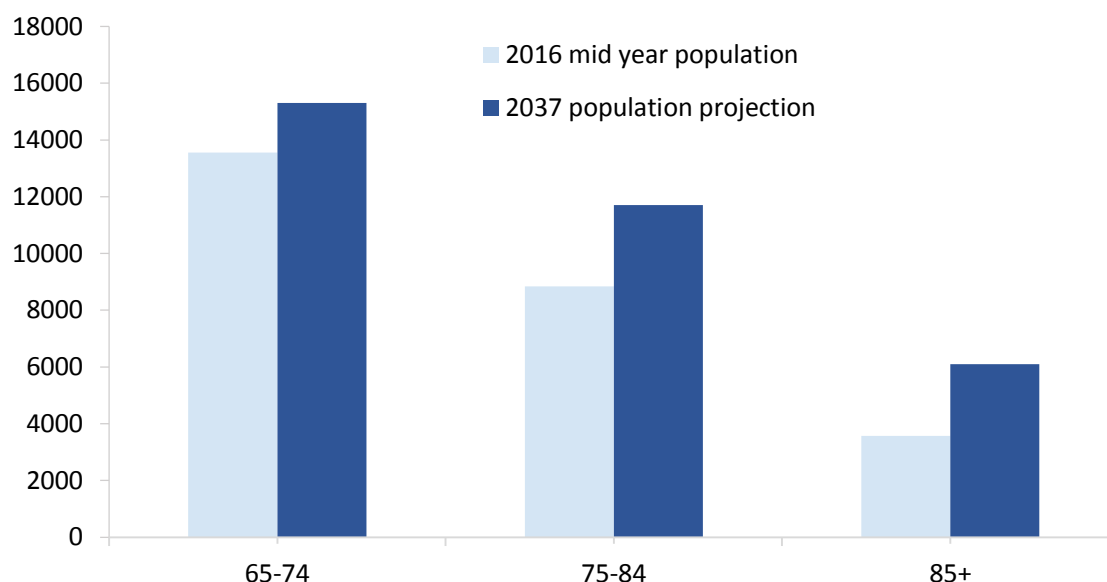
Dundee Alcohol and Drug Partnership

Data for each of these care groups is set out in this section, except for data about drug and alcohol misuse, which is set out in Section 3.

12.1 Older People

There are 25,967 people aged 65 and over living in Dundee. This is approximately 18% of the population, the same as Scotland as a whole. 10% of the over 65 population is female and 8% is male.

Chart 72: Population of Dundee aged 65 and over



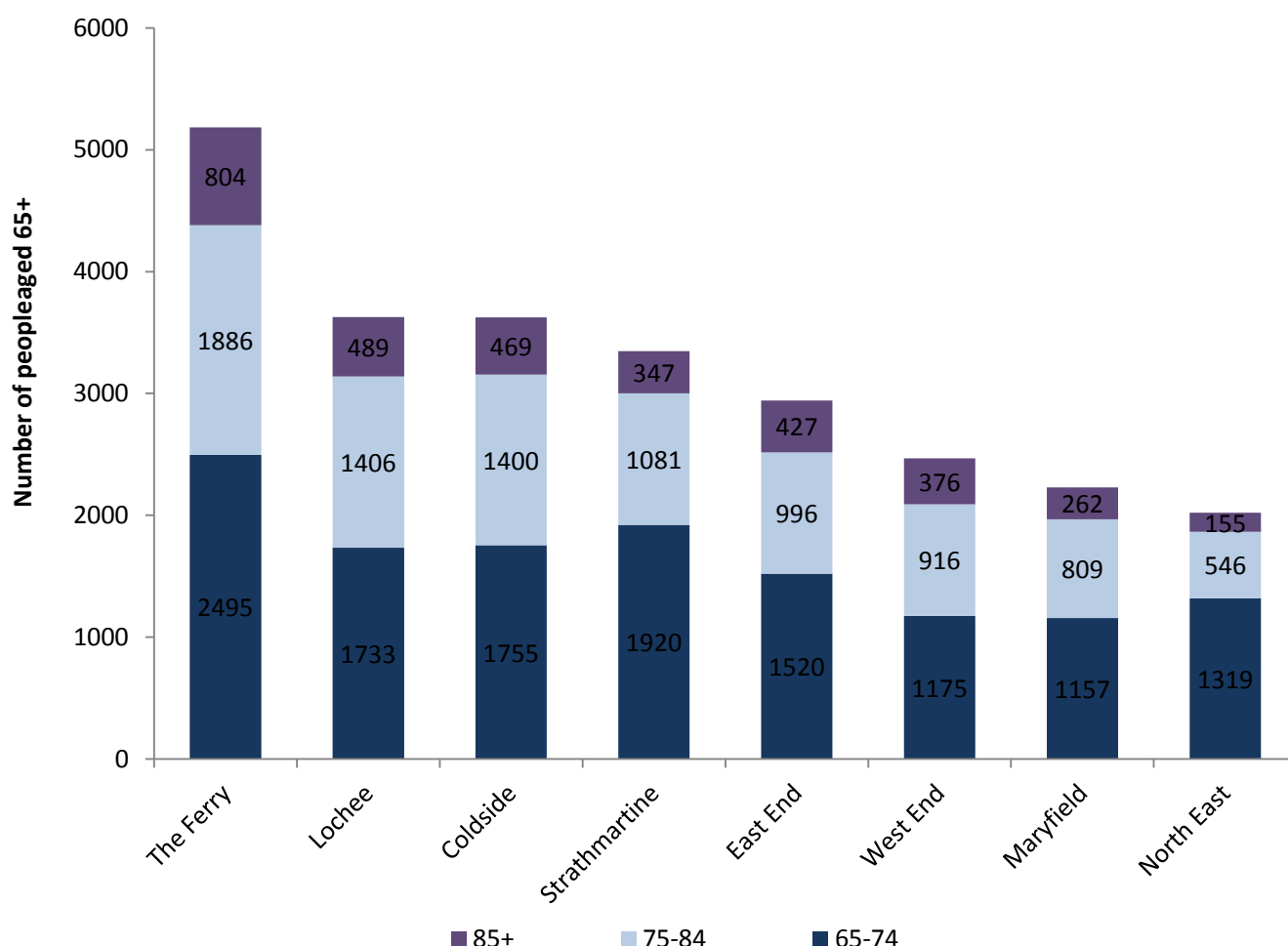
Source: NRS, 2016

By 2037, the Dundee 65+ population is projected to increase by 27%. The Dundee 75+ population is projected to increase by 43% and the 85+ population is expected to increase by 71%. The gender ratio of the 85 and over age groups is expected to be 34% male and 66% female in the same time period.

Across most LCPP areas, the population is ageing. People are living longer, however the effects of deprivation will ensure that more people will develop one or more long term condition.

Chart 73 shows the 65+ population, broken down into age groups, by LCPP area.

Chart 73: 65+ Population of Dundee by LCPP areas

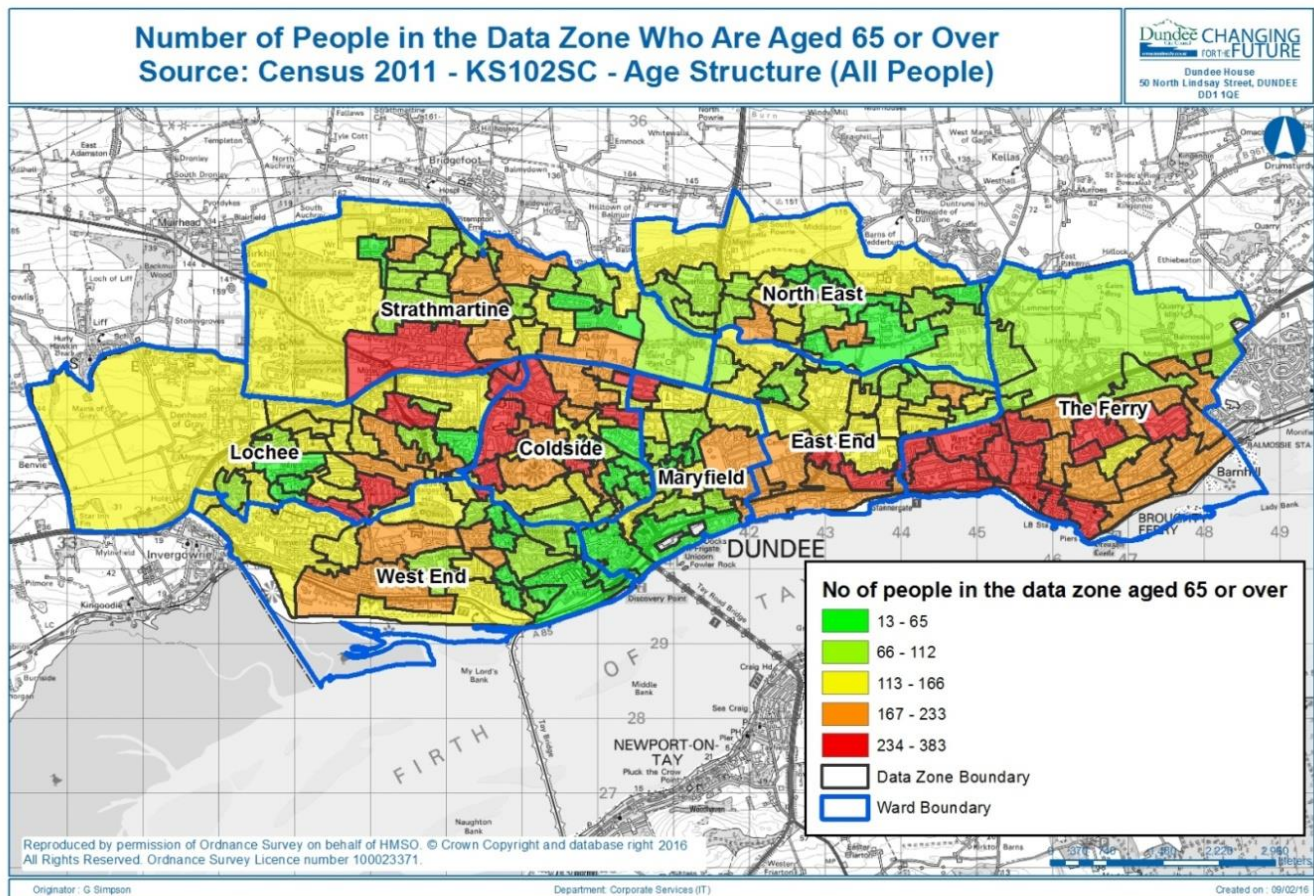


Source: Census 2011, scotlandcensus.gov.uk

Chart 73 shows that the 65+ population is not evenly spread across LCPP areas. 25.5% of The Ferry population is aged 65+ and The Ferry has the highest number of older people, especially in the 85+ age group. There are a number of care homes for older people in The Ferry, which is likely to be skewing the population figures. The North East has the smallest older people population. Maryfield has the lowest rate of older people, with only 11.4% of the population aged 65+.

Figure 8 shows the high concentration of older people living in The Ferry and a low concentration of older people in the North East.

Figure 8: People who are aged 65 and over in Dundee



Source: Census 2011, scotlandcensus.gov.uk

Table 8 shows the type of health conditions prevalent for those who are aged 65+ by LCPP area. The LCPP areas with the highest and lowest figures for each health condition type have been highlighted.

Table 8: Type of health conditions prevalent for people aged 65 and over, by LCPP

	One or more condition	Deafness or partial hearing loss	Blindness or partial sight loss	Physical disability	Mental health condition	Other condition
Coldside	71%	28%	9%	24%	4%	44%
East End	72%	29%	10%	24%	5%	45%
Lochee	69%	26%	9%	23%	6%	43%
Maryfield	66%	25%	8%	20%	4%	44%
North East	69%	25%	8%	25%	6%	47%
Strathmartine	67%	26%	9%	24%	5%	42%
The Ferry	63%	24%	8%	17%	5%	40%
West End	67%	27%	9%	22%	6%	42%
Dundee	68%	26%	9%	22%	5%	43%

Source: Census 2011, scotlandcensus.gov.uk

Table 8 shows that the East End has the highest number of people aged 65 and over, who have deafness or partial hearing, blindness or partial sight loss. 72% of people aged 65+ in East End have one or more health condition.

The North East has the highest number of people who are aged 65+ with a physical disability and 'other' health conditions.

The Ferry has the lowest percentage of people with one or more health condition, and the lowest proportion of people aged 65+ with deafness or partial hearing, blindness or partial sight, physical disability and 'other' health conditions.

12.2 Dementia

2650 people are diagnosed and living with dementia in Dundee. Although dementia is a condition which can affect the young, the majority of people diagnosed are aged 65+. Approximately 1 in 10 people aged 65+ has dementia. A relatively small proportion of the population with dementia live in care homes (approximately 1 in 5).

Care Homes

There were 484 people with a dementia diagnosis living in Dundee care homes in 2013. This is 60% of the care home population and the percentage has increased steadily since 2003.

Living at home

Approximately 2166 people with dementia live at home. A number of support services are available such as personal care, enablement, meals, laundry, handyperson and the Social Care Response Service.

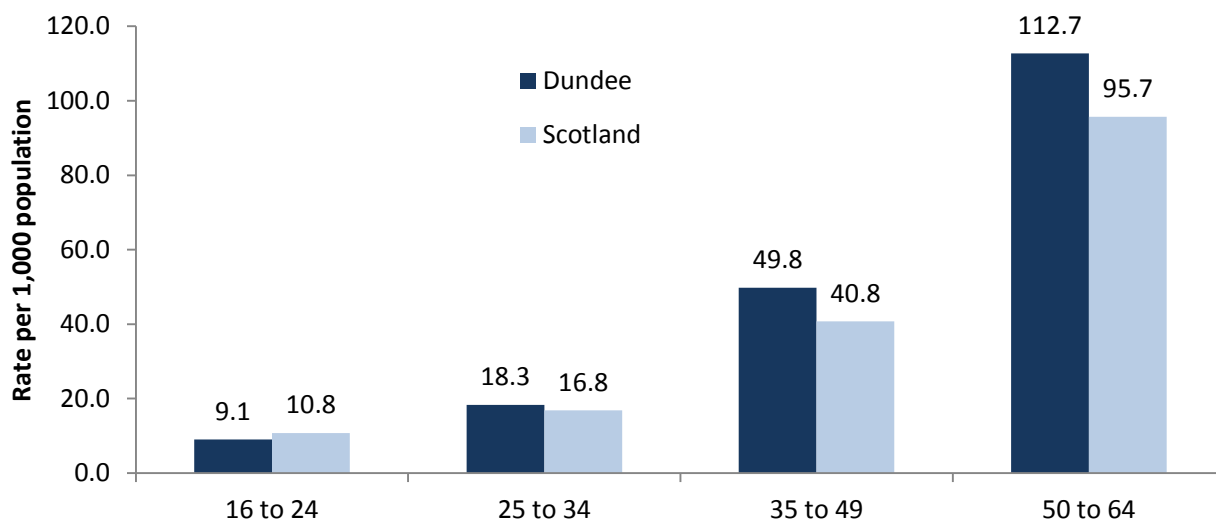
12.3 Physical Disabilities

The 2011 Census asked people if they had a physical disability which was 'expected to last'. The information in Charts 74 and 75 was self reported. Some people do not recognise themselves as having a physical disability.

10,590 people in Dundee identified themselves as having a physical disability. Of these, 5,404 people (51%) were aged 65+ and 243 people (2%) were under age 16.

Chart 74 shows the prevalence rates for physical disability for people between the ages of 16 and 64 only. This does not include sensory impairment conditions.

Chart 74: Prevalence of people with a physical disability by age groups (16-64) and rate per 1,000 population, Dundee and Scotland, 2011



Source: Census 2011, scotlandcensus.gov.uk

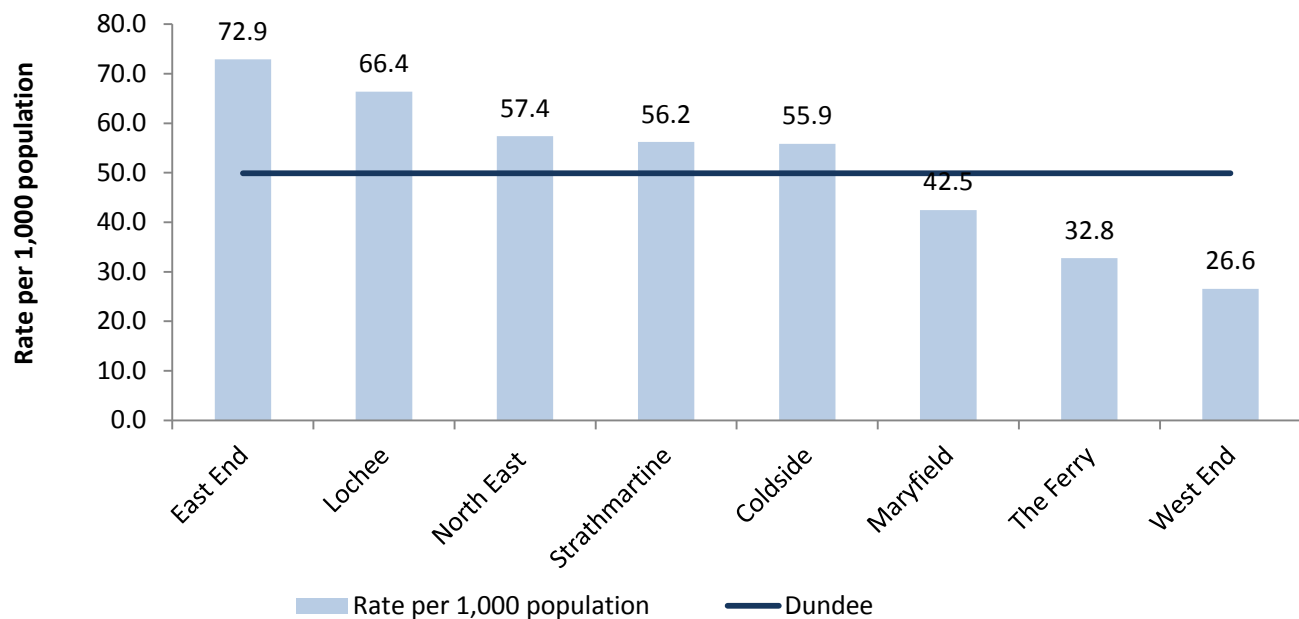
Chart 74 shows the rate of adults aged 16-64 with a physical disability, by age group. Dundee had a higher rate of people with a physical disability across each age group, except for the 16-24 age group, when compared with the Scotland rate.

4,943 people in the 16 to 64 age group identified themselves as having a physical disability. This is 49.9 people per 1,000 population (16 to 64 age group) and 5% of the 16-64 population. Of those who had a physical disability, 49% were male and 51% were female. There is variation in the rate of people with a physical disability across LCPP areas.

Chart 75 shows that five LCPP areas were above the Dundee average rate per 1,000 of the population (16 to 64 age group). There was a higher rate of people with a physical disability living in the most deprived areas of Dundee, previously identified as Lochee and East End.

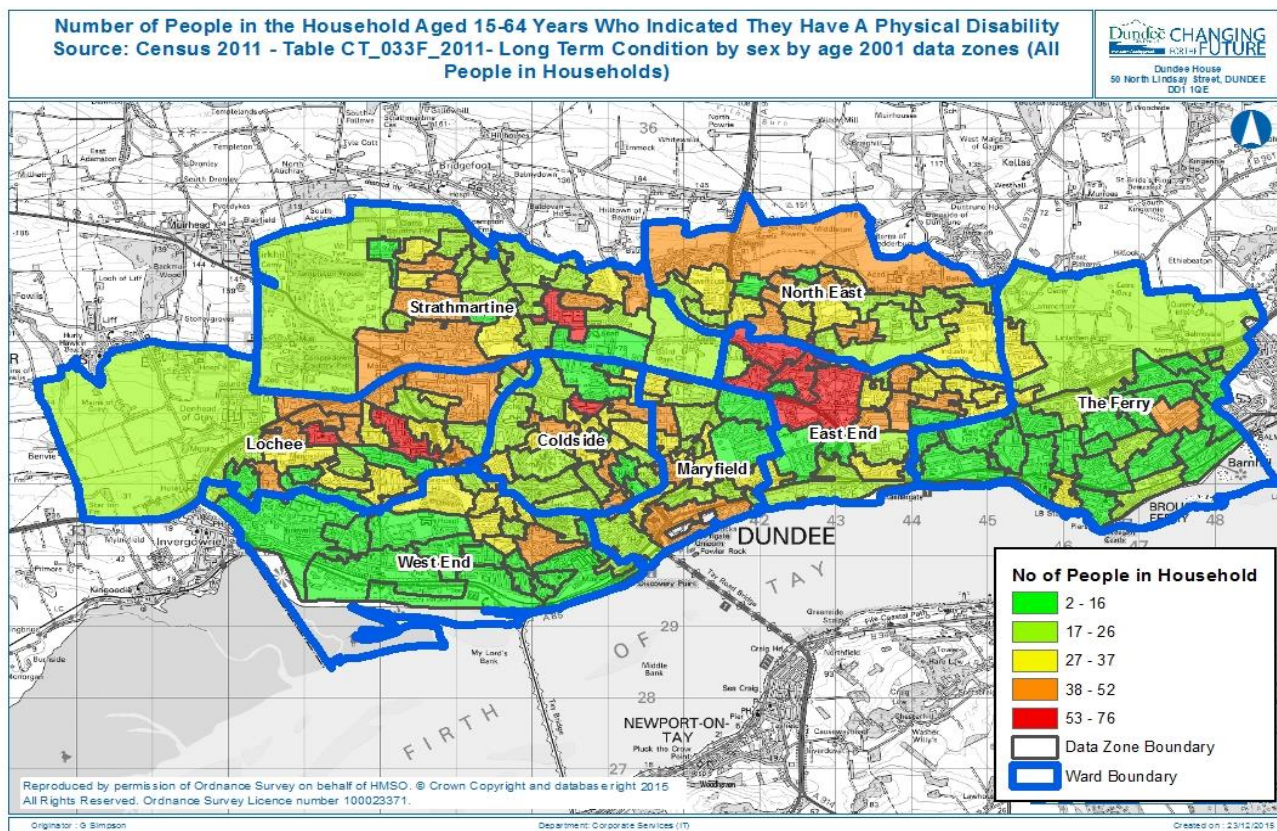
East End had two and a half times more people with a physical disability in the 50 to 64 age group, compared to The Ferry.

Chart 75: Physical disability by LCPP area per 1,000 population (16 -64 age group) by LCPP area



Source: Census 2011, scotlandcensus.gov.uk

Figure 9: Prevalence of people with a physical disability in Dundee



Source: Census 2011, scotlandcensus.gov.uk

Figure 9 shows a concentration of people with a physical disability in the East End. The large red section is Linlathen and Mid Craigie. All of the red areas in the map are in the 15% most deprived datazones.

54% of the people with a physical disability live in the SIMD Quintile 1, which has the most deprived datazones in Dundee.

Service Users who have a Physical Disability

In 2017 639 people with a physical disability who received a service were in the 16-64 age group. 199 people received a service from the Physical Disability Care Management Team.

Of the 639 service users with a physical disability:

- 15% lived in the Coldsides area, 15% lived in East End and 15% in Lochlee.
- 49% lived in SIMD 1 (the most deprived datazones)
- 54% were in the 50 to 64 age group, 22% in the 35 to 49 age group
- 63 people lived in a care home.
- 128 people received homecare, of whom 46% received intensive homecare (10+ hours per week).
- 26% had a learning disability, 18% had mental health issues and 7% had substance misuse issues.

12.4 Sensory Impairment

The 2011 Census asked people whether they have blindness or partial sight loss, and deafness or partial hearing loss which is 'expected to last'. Some people do not recognise themselves as having a sensory impairment.

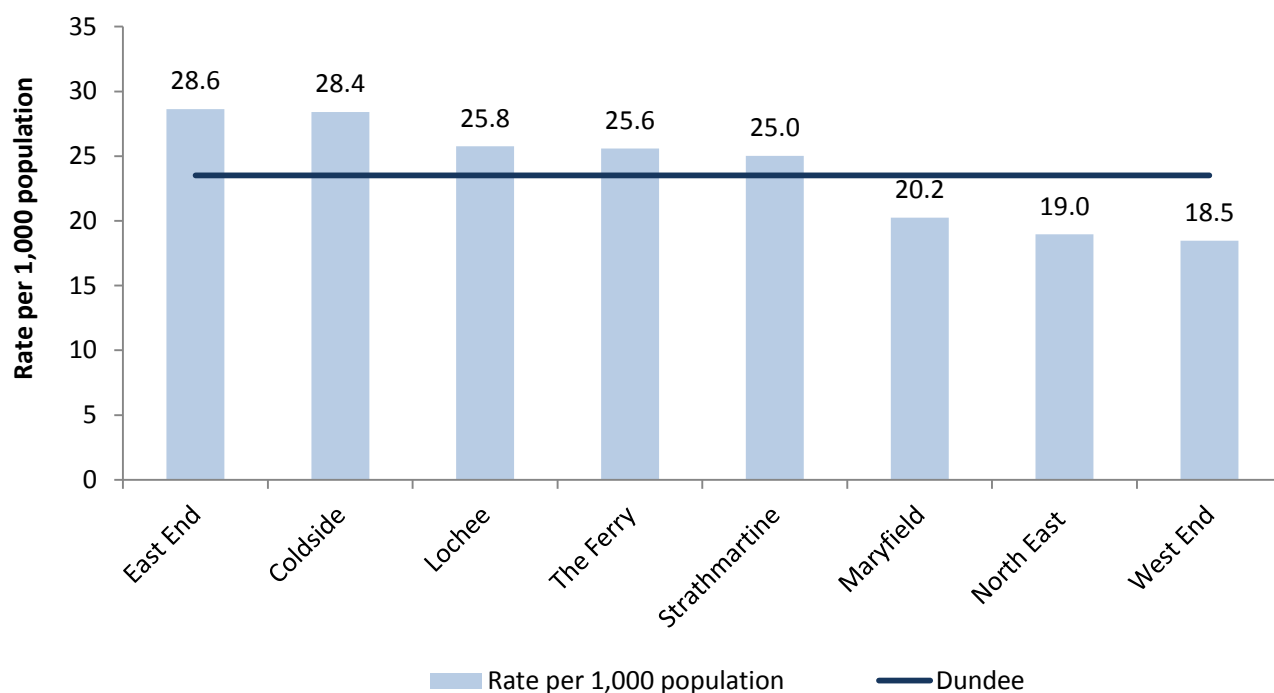
The information in this section covers people of all ages, including children. Data for combined sensory impairment is not available, so the data presented separates visual impairment and hearing impairment.

Dundee has about the same rate of people with blindness or partial sight loss, and deafness or partial hearing loss as the Scotland rate.

Blindness or Partial Sight Loss

In Dundee 3579 people identified themselves as having blindness or partial sight loss, and just over 60% were aged 65+. Additionally, in Dundee 9864 people identified themselves as having deafness or partial hearing loss, and 65% were aged 65+.

Chart 76: Prevalence of blindness or partial sight loss by LCPP area per 1,000 population (All ages)



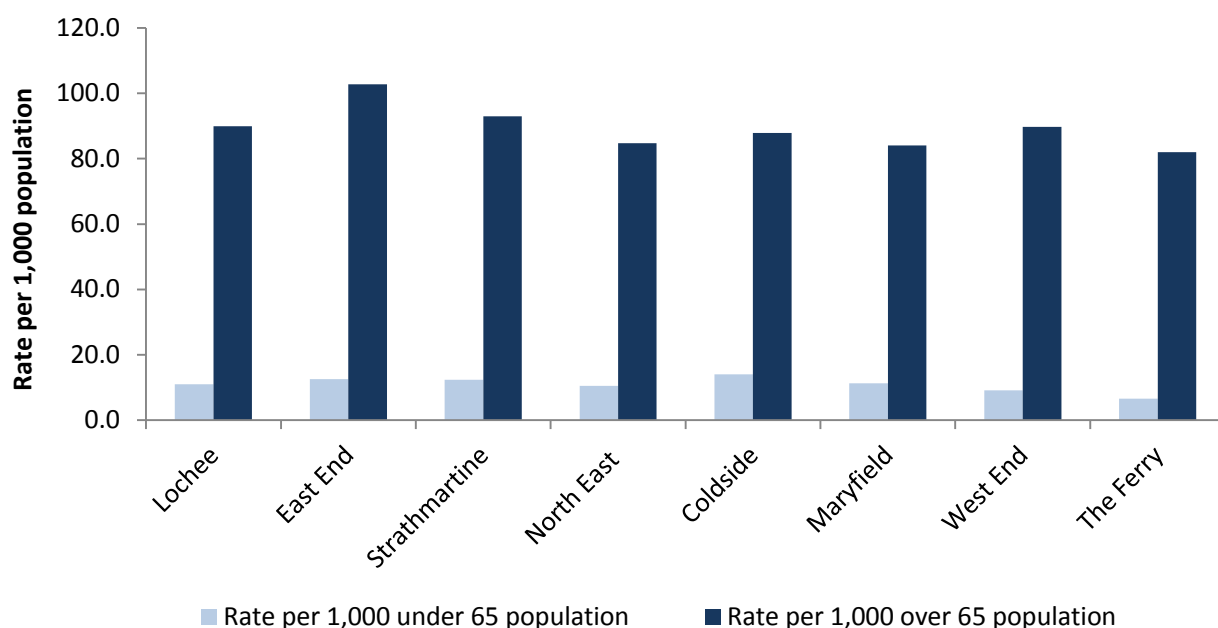
Source: Census 2011, scotlandcensus.gov.uk

Chart 76 shows that East End and Coldside had the highest number of people per 1,000 population who identified themselves as having blindness or partial sight loss.

The West End had the lowest number of people per 1,000 population who identified themselves as having blindness or partial sight. However West End also had the highest under 65 population in Dundee (which is likely to be because of the student population in that area). The proportion of people with blindness or partial sight loss is lower in the under 65 age group.

Chart 77 displays the LCPP areas in order of the most deprived (on the left) to the least deprived (on the right).

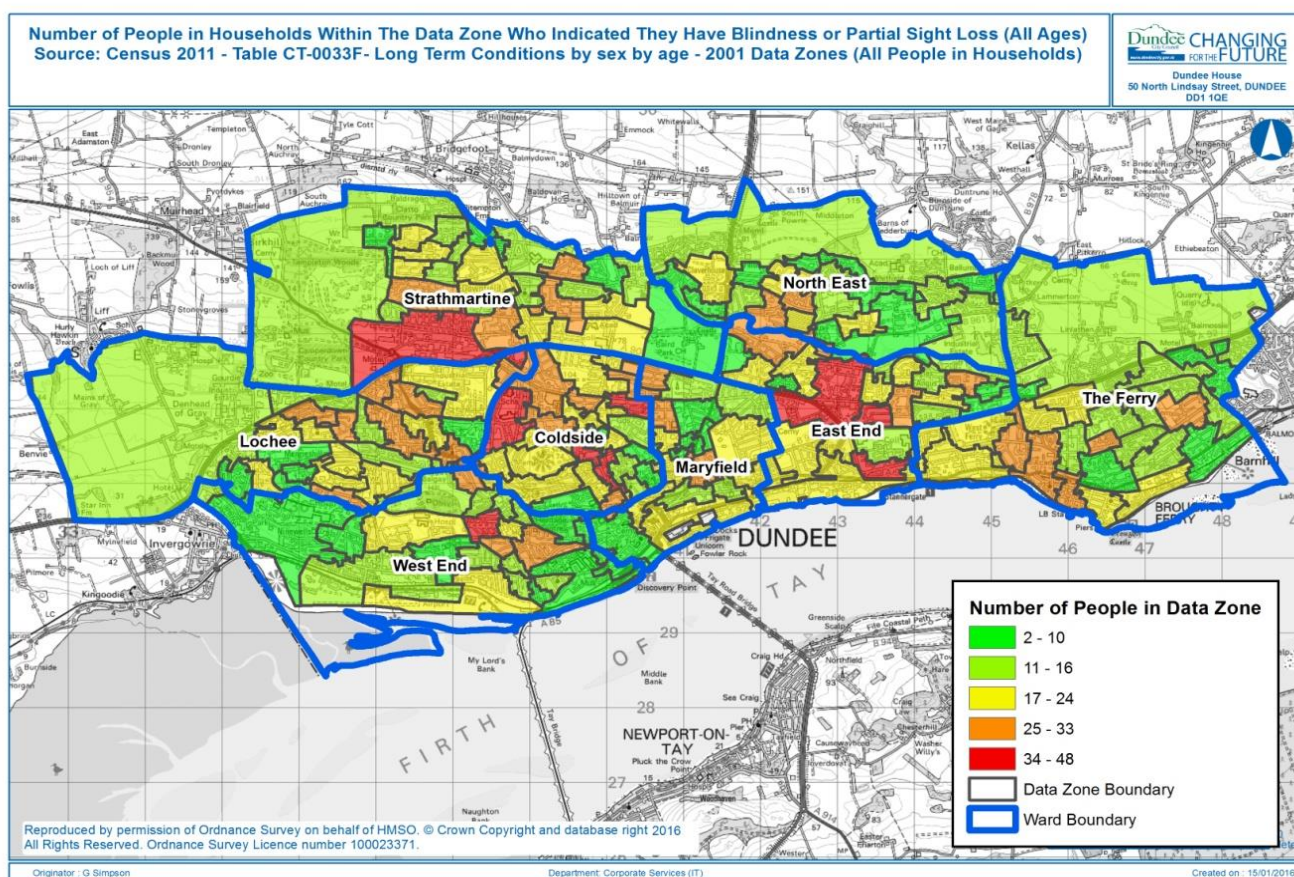
Chart 77: Prevalence of blindness or partial sight loss by LCPP area per 1,000 population – comparison between under 65 and over 65 age groups



Source: Census 2011, scotlandcensus.gov.uk

This chart shows Coldsides as having the highest rate of people aged under 65 who identified themselves as having blindness or partial sight loss. Coldsides, East End, Strathmartine and Maryfield had a higher than average population of people aged under 65 with blindness or partial sight loss. The East End had the highest rate of people aged 65+ who identified themselves as having blindness or partial sight loss. East End, Strathmartine and Coldsides had a higher than average population of people aged 65+ with blindness or partial sight loss.

Figure 10: Prevalence of blindness or partial sight loss in Dundee



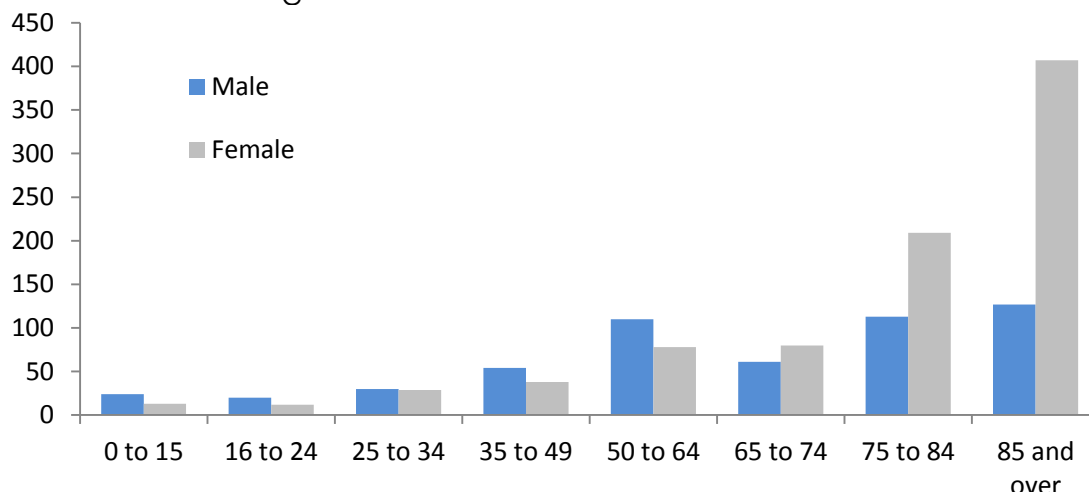
Source: Census 2011, scotlandcensus.gov.uk

Figure 10 shows a high concentration of people with blindness or partial sight loss in East End, Strathmartine and Coldsides. The red areas on the map are Fairmuir, Ardler and St Mary's, Linlathen and Mid Craigie, Craigie and Craigiebank, Logie and Blackness, Law, The Glens, Douglas West and Hilltown.

A third of these datazones are in the 15% most deprived areas.

In April 2016, 1420 people were known to Dundee Blind and Partially Sighted Society (DBPSS) and North East Sensory Service (NESS) and Social Work Department. 1001 were open to DBPSS, 107 to NESS and only 3 were open to both provider. 309 were open to Social Work only and not known to either NESS or DBPSS, however some of those known to DBPSS and NESS were also known to Social Work.

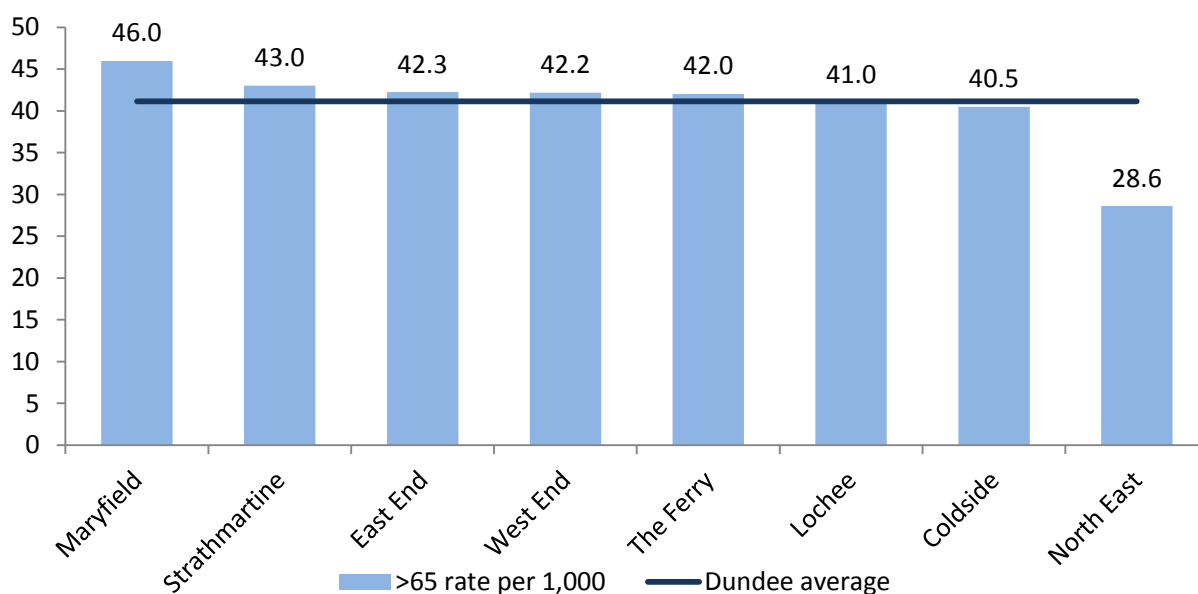
Chart 78: Gender and Age breakdown



Source : DBPSS database, April 2016, NESS database, April 2016 and K2, Social Work Information System April 2016

Chart 79 shows that the majority of people in Dundee who are known to either DBPSS, NESS or Social Work and have a sensory impairment are female and aged 85 and over. 71% of the people known to Service Providers are 65 and over with 29% are under 65.

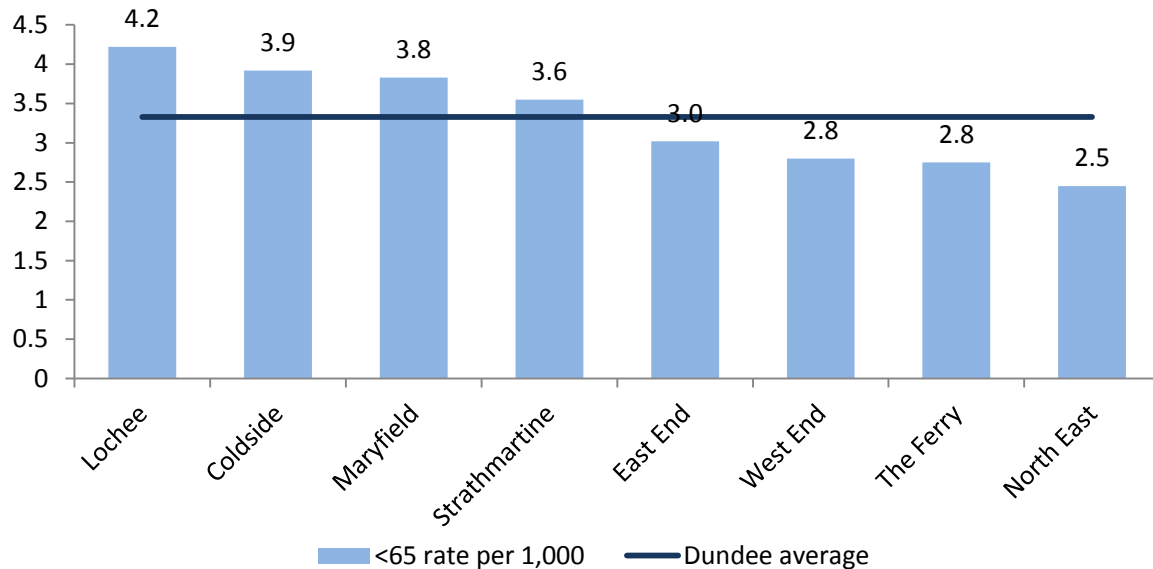
Chart 79: DBPSS, NESS and SW service users by LCPP areas (rate per 1,000 population) Over 65



Source : DBPSS database, April 2016, NESS database, April 2016 and K2, Social Work Information System April 2016

Chart 80 shows that for people aged over 65, Maryfield has the highest proportion of people who use services, followed by Strathmartine and East End.

Chart 80: DBPSS, NESS and SW service users by LCPP areas (rate per 1,000 population) Under 65



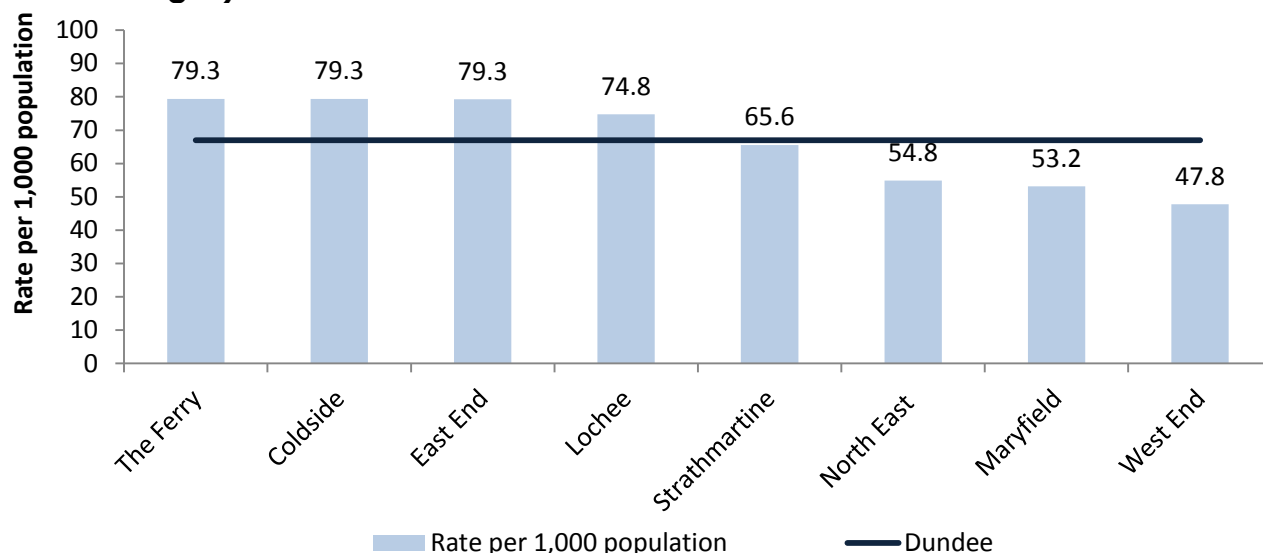
Source : DBPSS database, April 2016, NESS database, April 2016 and K2,Social Work Information System April 2016

Chart 80 shows that the highest rate of people using services live in the Lochee LCPP area, followed by Coldside and Maryfield.

Deafness or Partial Hearing Loss

Chart 81 shows the rate of people in each LCPP area with deafness or partial hearing loss.

Chart 81: Prevalence of deafness or partial hearing loss by LCPP per 1,000 population (All ages)

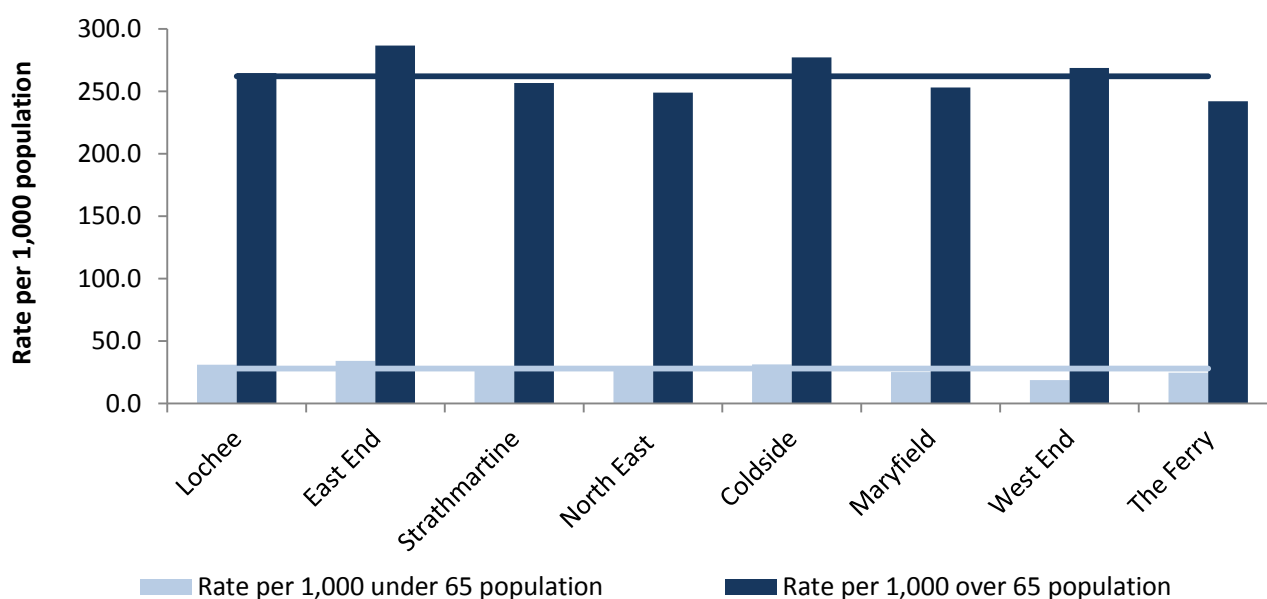


Source: Census 2011, scotlandcensus.gov.uk

Chart 81 indicates that East End, Colside and The Ferry had the highest rates of people who identified themselves as having deafness or partial hearing loss.

Chart 82 shows the comparison between the deafness and partial hearing loss rates of the under 65 population and the 65+ population by LCPP area. It also shows the comparison between the overall rates for Dundee.

Chart 82: Prevalence of deafness or partial hearing loss by LCPP per 1,000 population Comparison of Under 65 and 65+ age groups



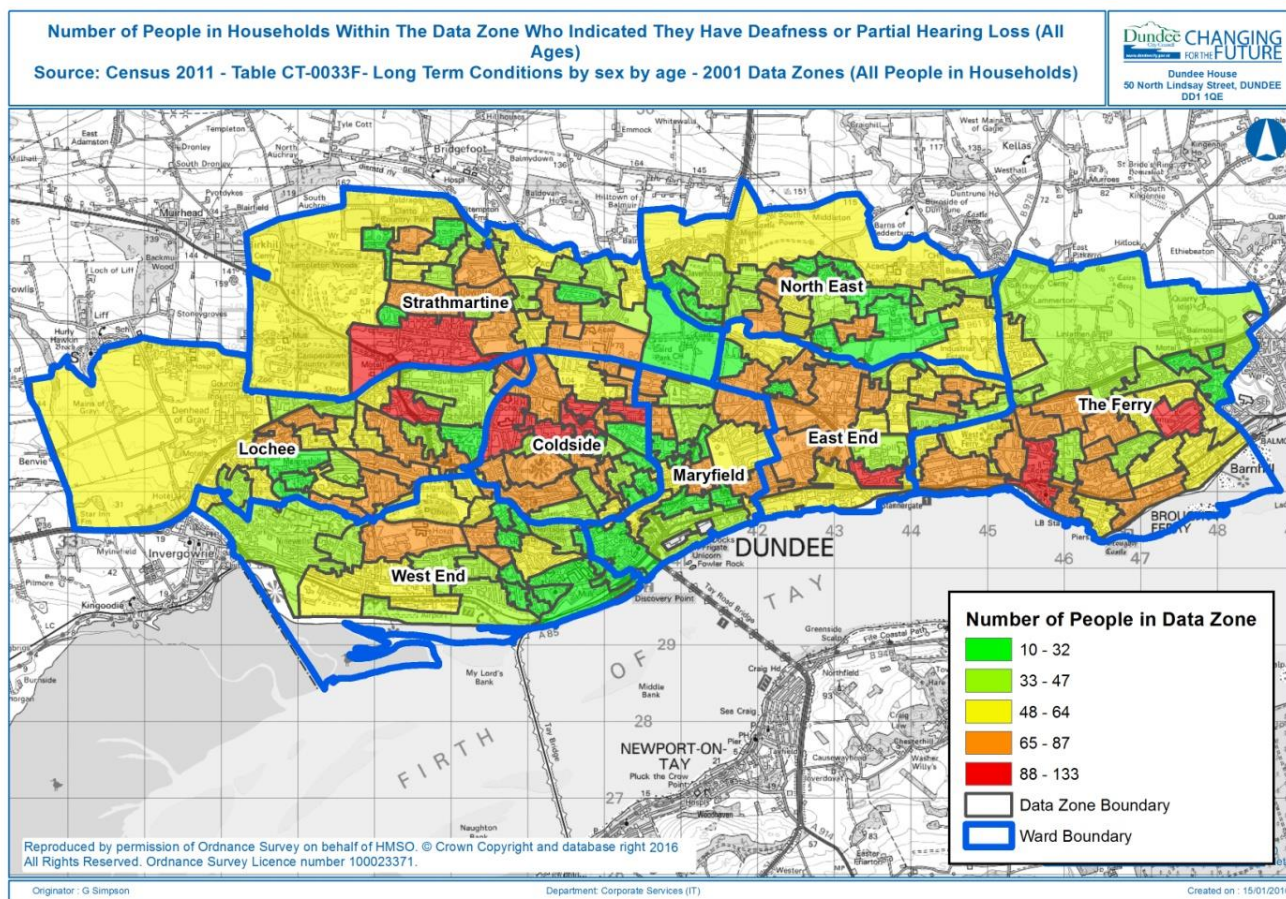
Source: Census 2011, scotlandcensus.gov.uk

These figures show that East End had the highest rate of people aged under 65 who had deafness or partial hearing loss. East End, Lochee, Coldside, Strathmartine and North East are all above the Dundee average for people aged under 65. These five LCPP areas are also the five most deprived LCPP areas in Dundee.

East End also had the highest rate of people aged 65+ who had deafness or partial hearing loss. East End, Coldside, West End and Lochee were above the Dundee average for people aged 65+ who had deafness or partial hearing loss.

Figure 11 presents a map which illustrates concentrations of people with deafness or partial hearing loss in Dundee. Datazones containing high concentrations of people with deafness or partial hearing loss are coloured in red and datazones with low concentrations are coloured in green.

Figure 11: Prevalence of deafness or partial hearing loss in Dundee



Source: Census 2011, scotlandcensus.gov.uk

The rates used to produce the map in Figure 9 were calculated by datazone. Therefore, there may be datazones with high rates within LCPP areas where the overall rate is low.

For instance, Chart 82 shows that The Ferry LCPP area has one of the lowest rates of people with deafness or partial hearing loss; however Figure 11 shows that there are two datazones (Barnhill and Broughty Ferry West) where the rate of people is in the highest group.

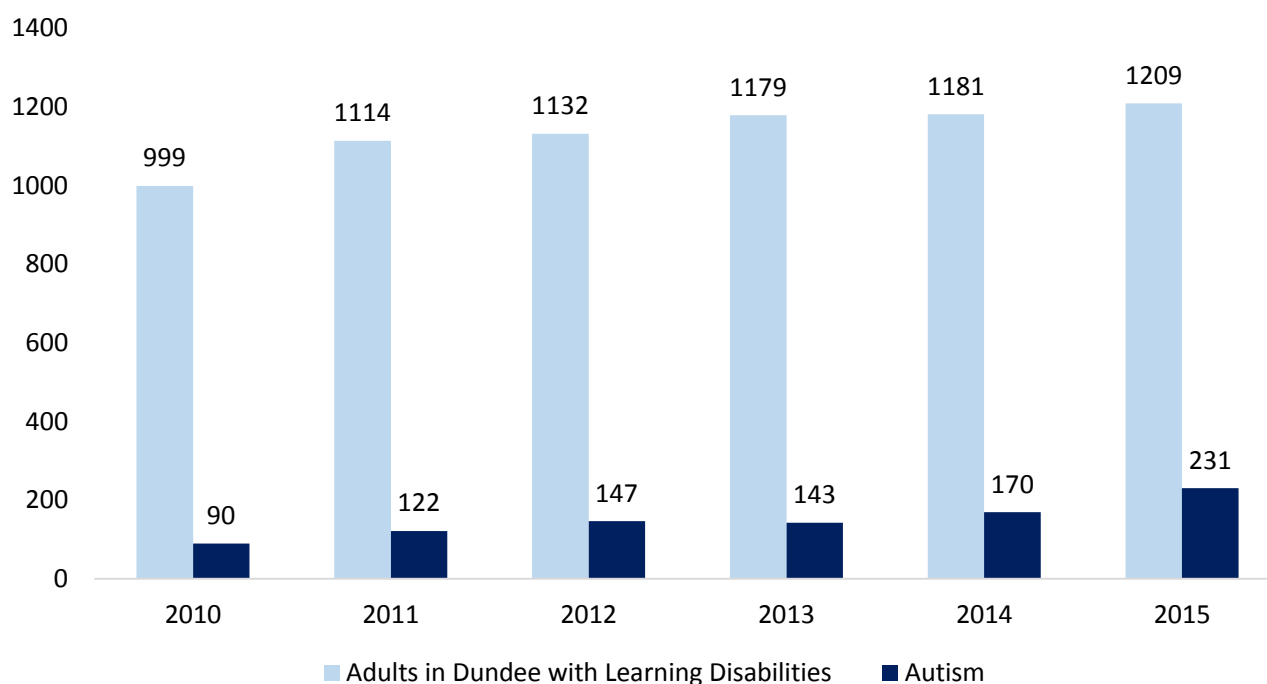
East End, Coldside, Strathmartine and Lochee also have datazones with the highest rates of people with deafness or partial hearing loss. These datazones, which are coloured in red are Fairmuir, Lochee, Ardler and St Marys, Hilltown, Craigie and Craigie bank, The Glens, Law and Hilltown. Four of these datazones are in the 15% most deprived areas.

12.5 Learning Disabilities

The information provided in this section is taken from statistics from the Scottish Consortium of Learning Disabilities. Each partnership is asked to return data on people who are known to have a learning disabilities in their local authority area.

In 2015, there were 1209 adults (aged 16+) with a learning disability and 231 with an autism spectrum disorder living in Dundee. Dundee has the highest proportion of adults with learning disabilities in Scotland, followed by Inverclyde, Midlothian and East Lothian. Dundee had 9.7 adults per 1,000 population with a learning disability, compared to 6.1 adults per 1,000 population in Scotland as a whole.

Chart 83: Number of people with learning disability and/or autism



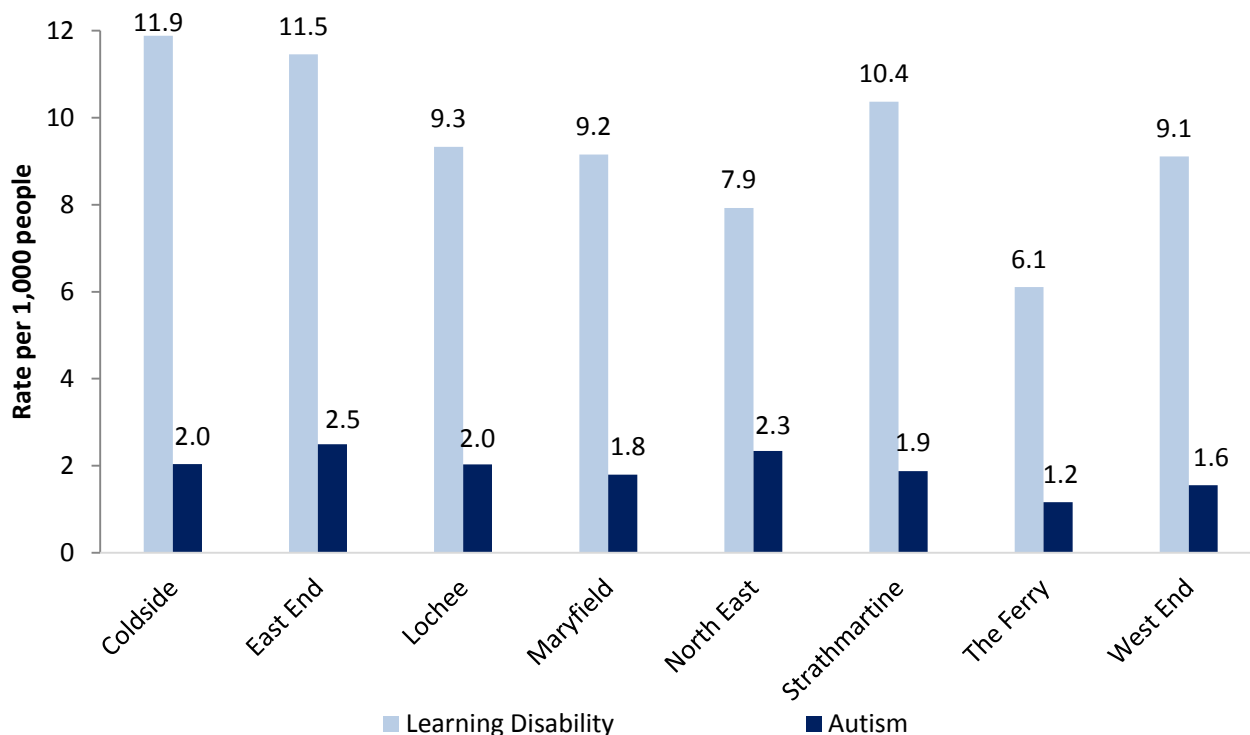
Source: Scottish Consortium for Learning Disability, Learning Disability Statistics 2015

There are considerably more adults (almost 3 times as many) who have learning disabilities and had additional support needs when they were at school but do not identify themselves as disabled and are not using learning disability services. The increasing trend can be partly attributed to improved information systems for recording information about people with learning disabilities who are receiving services.

The number of people in Dundee with autism has been increasing, again at least in part due to improved identification.

Chart 84 below shows that Coldside and East End had the highest rates of people with a learning disability of all of the LCPP areas in Dundee. Chart 84 also indicates that East End and North East were the LCPP areas with the highest rates of people with autism in Dundee.

Chart 84: Rate per 1,000 population of adults with a learning disability and/or autism

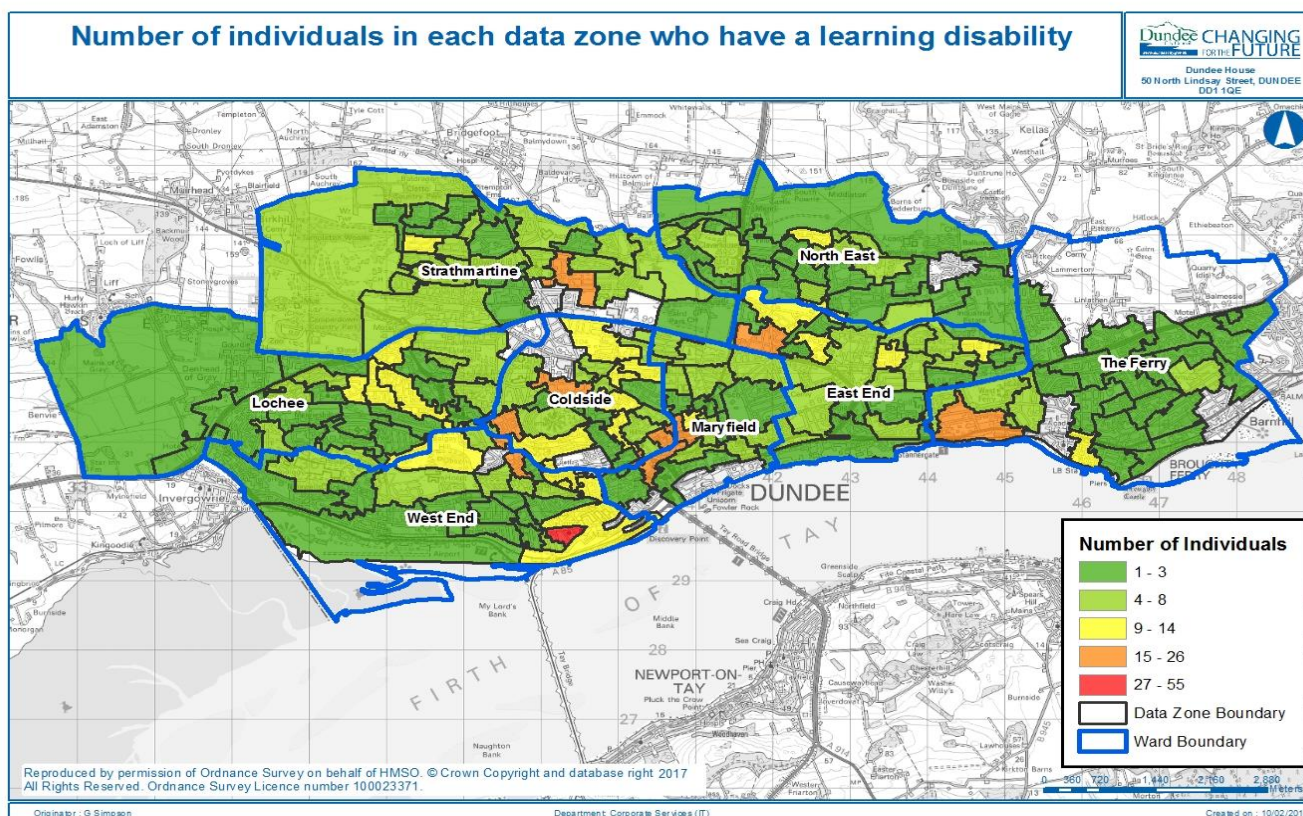


Source: Scottish Consortium for Learning Disabilities, Learning Disability Statistics 2015

Coldside, East End and Strathmartine are shown to have had higher rates than the Dundee rate of 9.7 people with a learning disability per 1,000 of the adult population.

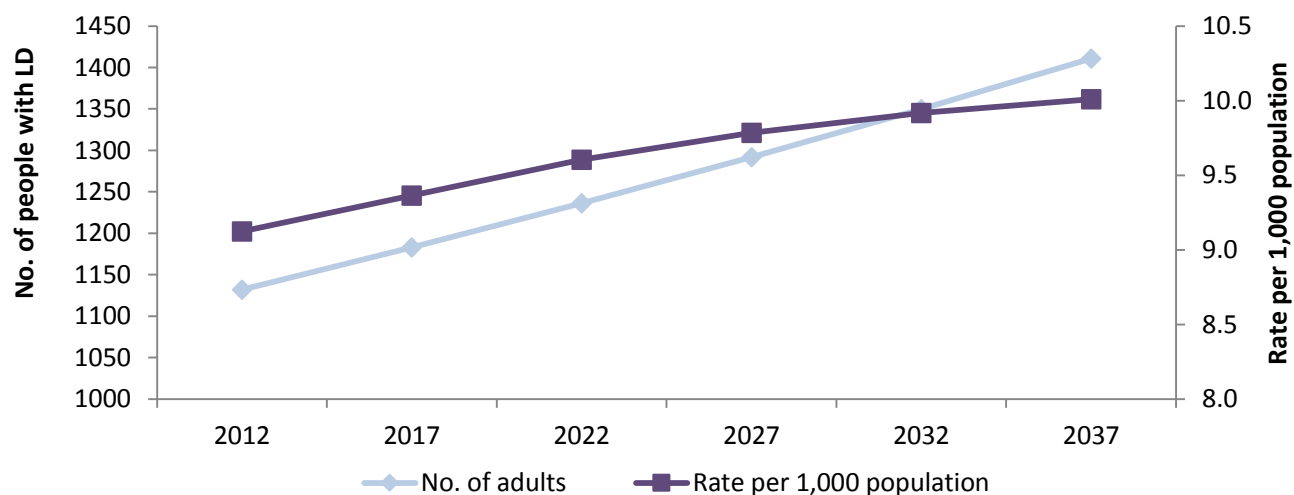
Coldside had 34% of people with a learning disability in the 16 to 34 age group, 35% in the 35 to 64 age group and 20% who were aged 65+.

East End had 24% of people with a learning disability in the 16 to 34 age group, 38% in the 35 to 64 age group and 18% who were aged 65+.

Figure 12: Prevalence of adults with a learning disability in Dundee

Source: Scottish Consortium for Learning Disabilities, Learning Disability Statistics 2016

Figure 12 shows that in 2016 The Ferry had the lowest concentration of people with a learning disability. The areas with a high number of people with a learning disability were Perth Road, Law, Linlathen and Midcraigie, Docks and Wellgate, Hilltown, Lochee. Coldside and West End had the highest concentration of people with a learning disability. Two of these areas are in the 15% most deprived datazones.

Chart 85: Learning disability prevalence projection

Source: SCLD, 2015

Increase in Prevalence of Learning Disability in Dundee

In 2016 the number of people with Learning Disabilities in Dundee was 1209. There has been a year on year increase in prevalence of people with a learning disability, which is partly due to improved identification of disability, but also due to increased survival rates of premature babies, who are more likely to have complex health issues, as they grow older.

Life Expectancy

"Keys to Life", the Scottish Government Learning Disabilities Strategy published in 2013, reported that the life expectancy of people with a learning disability is 20 years earlier than the general population. Life expectancy in Dundee is 77.6 years, but for people with a learning disability this is approximately 57 years.

Deprivation and Ethnicity

35% of people with a learning disability in Dundee live in the most deprived areas (SIMD 1). 95% of people with a learning disability are White (Scottish or British background) and 1% are Asian. For the 16 to 24 age group, 92% are white (Scottish or British background), 3% are Asian.

Self-Reported Health and Wellbeing

The 2011 Census asked households about how they rate their health. Fewer people with a learning disability rated their health as good or very good compared to the overall Dundee population. Higher proportions of people with a learning disability said they had bad health and this was especially the case in areas of high deprivation, such as Lochee and East End.

Carers

One of the questions that The Scottish Consortium of Learning Disability asks is whether a person lives with their carer. 500 or 40% of the people with a learning disability in Dundee live with a carer. 418 live with a parent carer. (These statistics from the Scottish Consortium of Learning Disability do not include children).

Provision of Social Work Services

There are 940 people who have a learning disability receiving a Social Work service in Dundee. 55% are open to the Learning Disability Care Management Team. 28% are in the 50 to 64 age group. There are just under 70 people with a learning disability who live in care homes.

Children and Young People

Data from Dundee's Integrated Children's Services shows that as at February 2017, 310 pupils of secondary school age (mainstream and non mainstream schools) have a recorded need of either 'Autistic spectrum disorder' and/or 'Learning disability'.

There are 253 pupils in non mainstream schooling (Kingspark School and the Offsite Education Service); of these 253, 62% are of secondary school age.

12.6 Mental Health

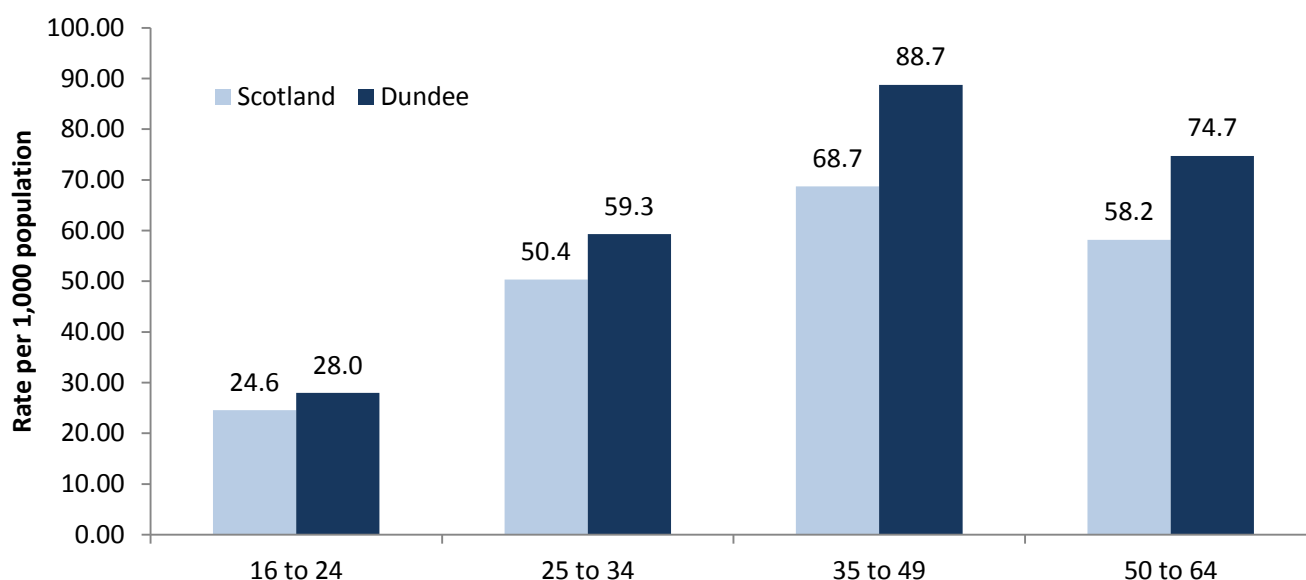
The 2011 Census asked people whether they have a mental health condition which was 'expected to last'. It is acknowledged that some people do not recognise themselves as having a mental health condition.

The information in this section is based on people between the ages of 16 to 64 only.

Dundee has the 5th highest rate in Scotland of adults (aged 16-64) who reported in the 2011 Census that they lived with a mental health condition.

Chart 86 shows Dundee has a higher proportion of people with mental health conditions across every age group, in comparison to Scotland as a whole. Dundee has a rate of 64 people per 1,000 population compared to 54 for Scotland. Dundee also has 6319 people in the 16-64 age group who identified themselves as having mental health conditions; this is 6.4% of the 16 to 64 population.

Chart 86: Prevalence of people with a mental health condition by age groups and rate per 1,000 population



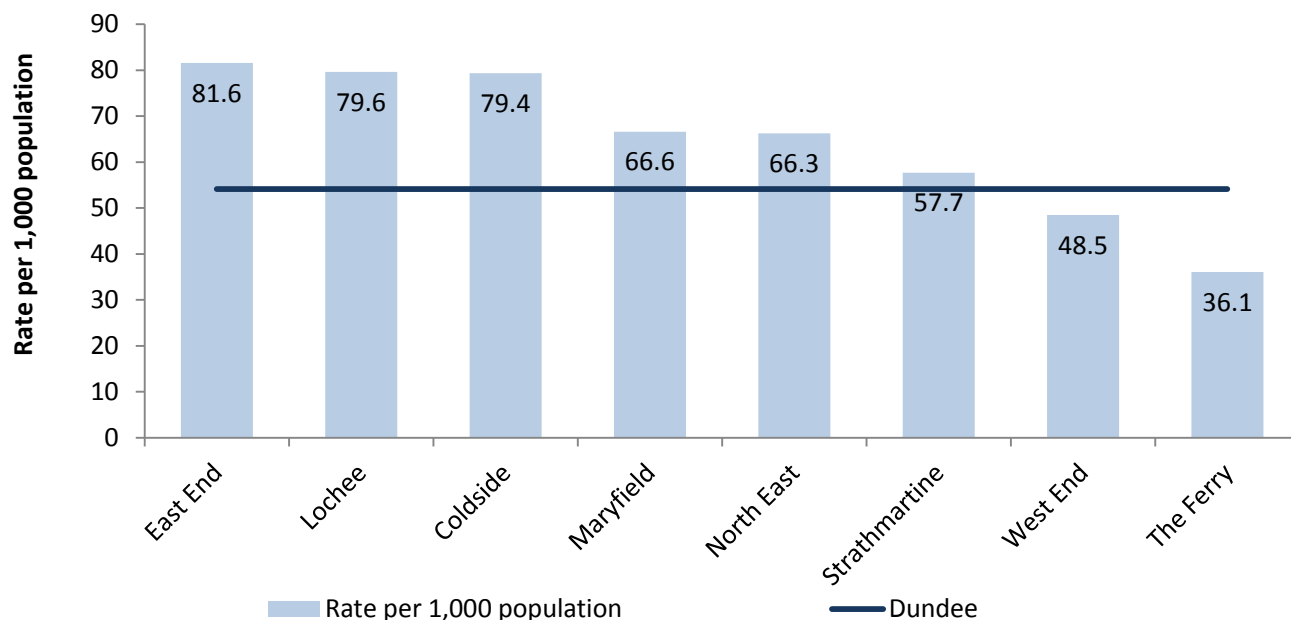
Source: Census 2011, scotlandcensus.gov.uk

The gender balance for mental health conditions is similar to the Scottish average. There is a higher prevalence of females (57% females : 43% males) and also a higher prevalence in the 35-64 age group.

In Dundee life expectancy is ten years lower for people with a mental health issue (66.8 years) compared with the general Dundee population (76.8 years).

Mental health conditions are more prevalent in areas of multiple deprivation and people are less likely to be in employment than the general Dundee population.

Chart 87: Prevalence of people with mental health conditions, by LCPP area, per 1,000 population (16 to 64 age group)



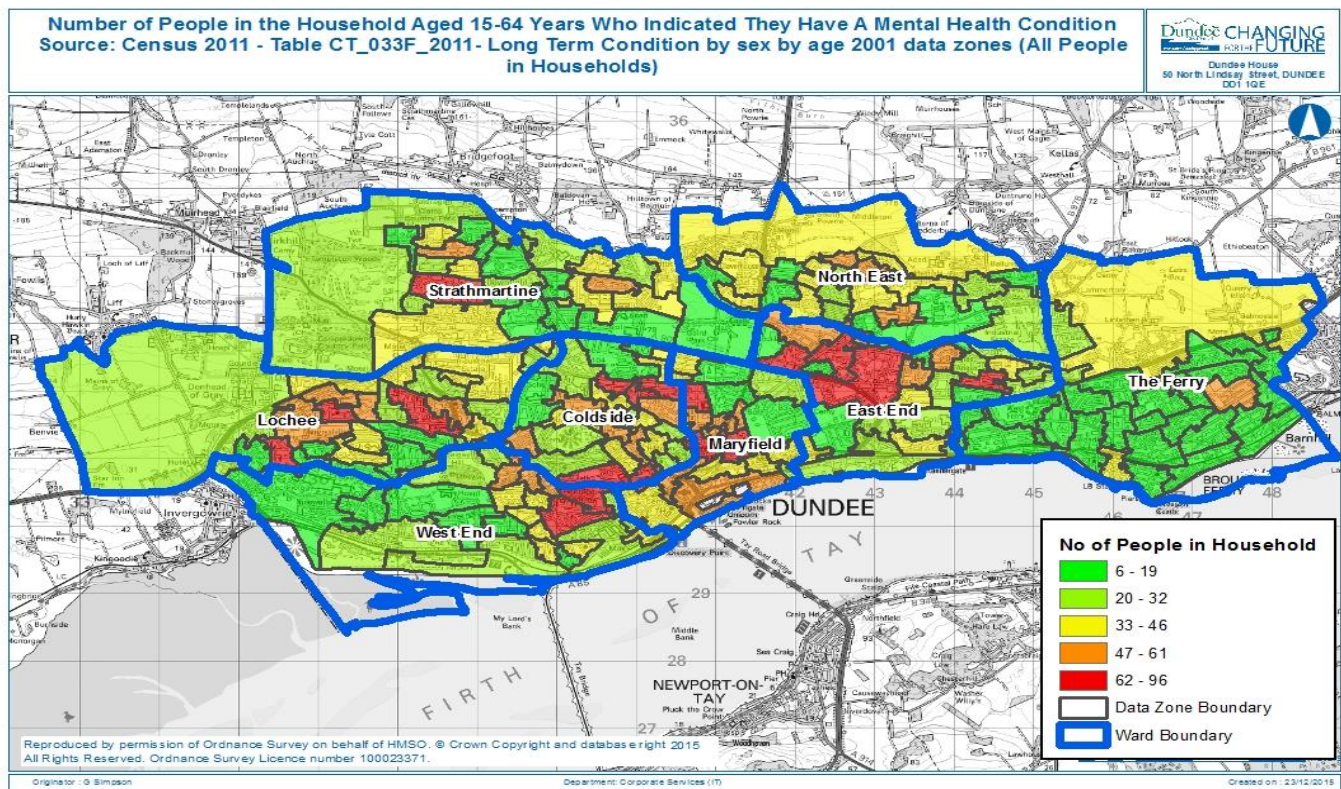
Source: Census 2011, scotlandcensus.gov.uk

Chart 87 shows that six LCPP areas are above the Dundee average rate per 1,000 of the population (16 to 64 age group). There is a higher rate of people with mental health conditions living in Lochee, East End and Coldsides. East End has more than double the rate of people with a mental health condition, compared with The Ferry.

Self-Reported Mental Health and Wellbeing

In the 2011 Census 31% of people with mental health conditions in Dundee rated their health as bad or very bad. There is variation between LCPP areas in terms of self-reported mental health conditions, ranging from 35% in the East End to 25% in the West End, of people who rated their health as bad or very bad.

Figure 13: Prevalence of people with mental health conditions in Dundee



Source: Census 2011, scotlandcensus.gov.uk

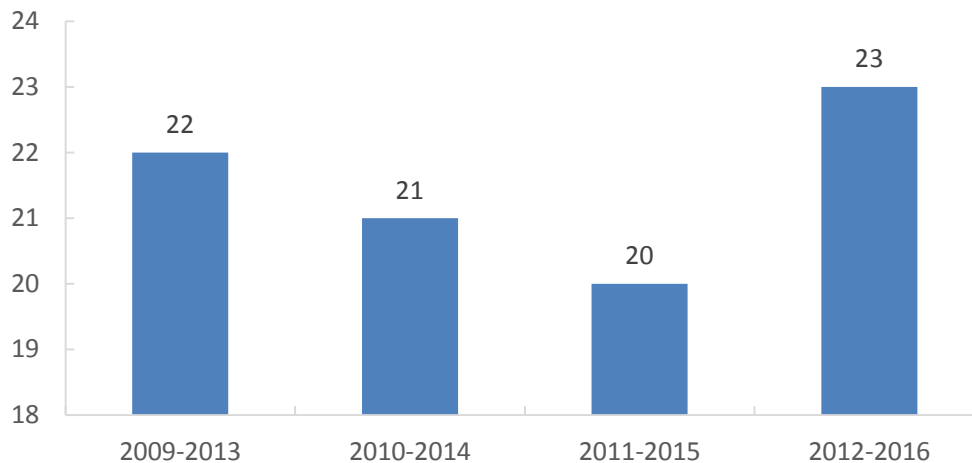
Figure 13 shows that East End had a higher concentration of people with mental health conditions. Those marked in red are datazones in Linlathen and Mid Craigie, Douglas East, City Centre, Hilltown, Stobswell, Perth Road, The Glen, Lochee, Charlestown and Ardlar and St Marys.

14 out of 17 of these datazones are in the 15% most deprived datazones in Scotland. 54% of people with a mental health condition live in SIMD Quintile 1, the most deprived areas.

Incidence of Suicides in Dundee

Chart 88 is based on 3 year averages for suicides. It shows that there was a downward trend in Dundee from 2013 – 2015, however in 2016 the average number of suicides in Dundee increased. Dundee still remains slightly higher than the Scottish 3 year average.

Chart 88: 3 year average for suicides in Dundee



Source: National Records of Scotland NRS, Probable suicides: Deaths which are the Results of Intentional self-harm or Events of undetermined intent. ISD.

Social Work Service Users who have Mental Health Issues

In 2016/17 292 mental health assessments were carried out for people in Dundee. Of these 57% were for people aged under 65 and 54% were for people who were aged 65+.

12.7 Mental Health Officer Services

Mental Health (Care and Treatment) (Scotland) Act 2003

There are different orders allowing a person to be assessed or treated under the Mental Health Act, depending on individual circumstances. Table 9 shows the number and type of orders made from 2011 - 2016.

Table 9: Number/type of detention orders made in 2015 and previous years

Type of Order	Total at 31.3.2012	Total at 31.3.2013	Total at 31.3.2014	Total at 31.3.2015	Total at 31.03.2016	Total at 31.03.2017
Emergency detention in hospital (up to 72 hours)	109	111	62	67	90	80
Short term detention in hospital (up to 28 days)	160	155	126	146	148	152
Compulsory Treatment Orders (up to 6 months, reviewed annually thereafter) These orders may be community or hospital based	67	40	33	33	39	22

Source: K2 and Mosaic (2017 onwards), Social Work Information Systems

These figures demonstrate an decrease in 2017 for Emergency detention in hospital and Compulsory Treatment orders.

Criminal Procedures (Scotland) Act 1995

There are a much smaller number of compulsory measures that relate to people who are mentally unwell and who also commit offences. The court has the power to ensure that any person who meets these criteria receives care and treatment under the Mental Health Act.

If an individual is convicted of an offence, for which the punishment is imprisonment, instead of imposing a prison sentence, the court may detain the person in hospital using a Compulsion Order.

The figures for those subject to these measures at 20th February 2016, alongside the same figures for the past 5 years, are shown in Table 10.

Table 10: Criminal Procedures (Scotland) Act 1995

Type of Order	Total at 31.3.2012	Total at 31.3.2013	Total at 31.3.2014	Total at 31.3.2015	Total at 31.3.2016	Total at 31.3.2017
Compulsion Orders with Restriction Order	18	16	15	11	12	12
Compulsion Orders	N/A	N/A	N/A	12	7	10
Assessment Orders	6	1	7	4	3	5
Treatment Orders	0	0	3	2	2	2
Transfer for Treatment Direction	2	0	0	0	2	1

In previous years the figures for Compulsion Orders and Compulsion Orders with Restriction Orders (COROs) have been combined. Given the nature of these orders and the fact that the work that follows on is quite different, these figures were reported separately from 2014/15 onwards. The combined figure for Compulsion Orders and COROs is higher than in all the previous years recorded. This may be due to improved recording.

Adults with Incapacity (Scotland) Act 2000

The Adults with Incapacity (Scotland) Act 2000 introduced a system for safeguarding the welfare, and managing the finances and property of adults (age 16 and over) who do not have capacity to act or to make decisions for themselves, because of mental disorder or inability to communicate due to a physical condition. It allows other people to make decisions on behalf of adults, subject to safeguards. These Orders are mainly used for older people or those with learning disabilities, and are generally private, in that an adult who has a relevant interest is appointed as guardian. If there is no such relevant adult, the Chief Social Work Officer (CSWO) is named as guardian.

Table 11 reflects the number of new guardianship orders made in 2015/2016, compared with previous years.

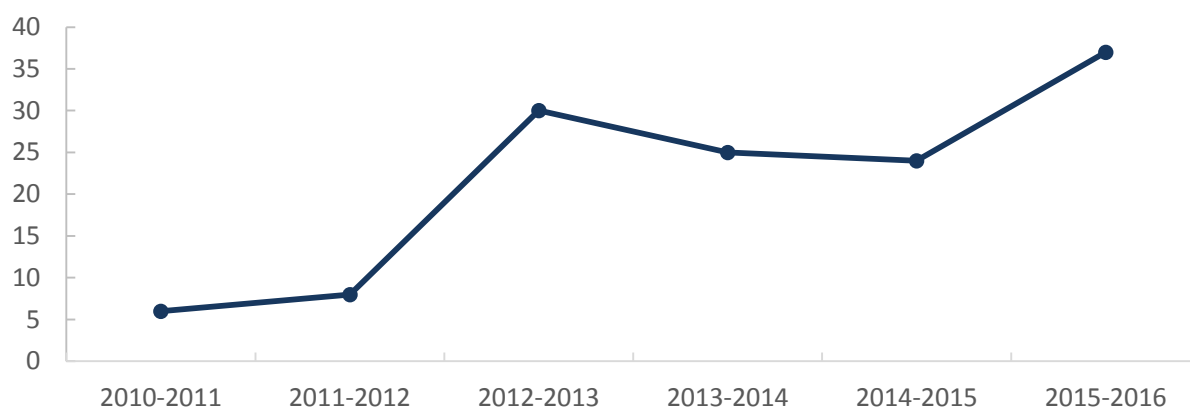
Table 11: New orders made under Adults with Incapacity (Scotland) Act 2000, 2015/16

Type of Order	Total at 31.3.12	Total at 31.3.13	Total at 31.3.14	Total at 31.3.15	Total at 31.3.16	Total at 31.3.17
Local authority welfare guardianship	36	35	38	41	49	56
Private welfare guardianship	63	68	65	69	101	78
Total welfare guardianship	99	103	103	110	150	134

These figures indicate that the demand for guardianships continued to be extremely high. There have been data quality issues with the data with the move from K2 to Mosaic.

A review of the information contained within the Mental Welfare Commission's Adults with Incapacity Annual Report, together with the ISD Delayed Discharge Information, other statistical reports for 2010/13 and local performance information, demonstrates that Dundee has:

- One of the highest percentages (over 50%) of Local Authority Guardianships granted on an indefinite basis, and the highest number of all guardianships granted (both private and local authority) compared with other local authorities in Tayside and other comparable local authorities in Scotland;
- Demonstrated a 20% decrease in applications over the past year;
- To date the provision of the MHO report within the 21 day timescale required by statute is 34% of reports being completed within 20 days
- Shown an increase in the total number of discharge delays from 6 to 37 from the period 2010 to 2016 (latest figures available) due to people awaiting guardianship reports

Chart 89: Total Number Days Delayed Due To Awaiting Guardianship Application

There is clear evidence that in Dundee there is insufficient capacity to meet workload demand and the required statutory timescales for the provision of guardianship reports. A number of key actions have been identified to address these challenges.

12.8 Cancer

The number of people living with or dying from cancer is rising, and it is estimated that 1 in 2 people will be diagnosed with (but not necessarily die from) a cancer in their lifetimes. Cancer incidence is defined as the total number of new cases (registrations) for the given time period.

Incidence Rates

Between 2010 and 2014 there were a total of 5856 incidences of malignant neoplasms, of which 1616 were non-melanoma (ICD-10 C44).

Broadly speaking, the cancers with the highest incidence in Dundee is very similar to those for Scotland as a whole.

All Persons:

Table 12: The 10 cancers with the highest incidence in Dundee from 2010-2014 and comparative rank for incidence of that cancer type for Scotland in 2014:

Type	Total incidence 2010-2014 Dundee City	Incidence rank in Scotland 2014
Trachea, bronchus and lung (C33-C34)	811	1
Breast (C50)	568*	2
Colorectal (C18-C20)	510	3

Strategic Planning Care Groups

Prostate (C61)	325	4
Head and neck (C00-C14, C30-C32)	185	6
Malignant melanoma of skin (C43)	152	5
Oesophagus (C15)	142	9
Pancreas (C25)	125	not listed in most common 10
Bladder (C67)	119	10
Kidney (C64-C65)	119	8
Totals		
<i>All malignant neoplasms</i>	5856	
<i>All malignant neoplasms excl C44</i>	4240	

*This includes 5 cases of male breast cancer

Table 12 shows that these 10 cancer types accounted for over 70% (72.1%) of all cancers in Dundee.

European Age Sex Standardised Rate

In order to prevent bias due to uneven age group and gender proportions across localities, rates have been age and sex standardised using European Age Sex Standardised Rate (EASR) methodology.

Incidence Rates by LCPP area

In order to prevent bias due to uneven age group and gender proportions across localities, rates have been age and sex standardised. This will be referred to as EASR (European Age Sex Standardised Rate)

Table 13 shows the age and sex standardised rate per 100,000 of cancer in Dundee by locality.

Table 13 : Age and sex-standardised rates per 100,000 of cancer in Dundee by locality.

Type	Coldside	East End	Lochee	Maryfield	North East	Strathmartine	The Ferry	West End
All malignant neoplasms excl NMSC	685.9	733.4	652.8	596.1	735.1	711.9	581.7	612.1
Trachea, bronchus and lung	151.4	171.1	121.0	115.9	173.0	145.2	64.3	102.8
Breast (females only)*	153.0	149.2	175.7	144.7	138.1	163.4	168.0	134.4
Colorectal	89.6	83.5	76.3	75.3	105.2	80.6	65.2	91.0
Prostate*	91.6	124.2	128.4	129.7	90.4	107.6	132.6	105.6
Head and Neck	35.4	41.6	30.4	27.7	36.0	28.5	20.3	15.8
Malignant melanoma of skin	13.3	19.0	20.3	13.5	23.3	30.1	36.7	26.5

*Female breast cancer only, rate relative to female population only

****Rate relative to male population only**

There is a clear correlation between incidence of cancer and locality where the diagnosed person lives.

Incidence rates (EASR) of cancers of the trachea, bronchus and lung as well as pancreas and head and neck cancers are highest in the most deprived SIMD 1.

The rate of colorectal cancer is highest in the least deprived SIMD5. West End and The Ferry are the LCPP areas with the least deprivation and the EASR rate of colorectal cancer is lowest across the city in The Ferry and highest across the city in West End.

Incidence rates (EASR) of skin and prostate cancers are highest in the least deprived SIMD 5 and The Ferry has the highest rates across the 8 LCPP areas. West End is the 2nd least deprived LCPP area, however the EASR rate of prostate cancer incidence is amongst the lowest of all 8 LCPP areas.

Incidence rates (EASR) of breast cancer is highest in SIMD 3 and the LCPP areas with the highest (EASR) incidence rate are Lochee (175.5 incidences per 100,000 people) The Ferry (168.00 incidences per 100,000 people) and Strathmartine (163.4 incidences per 100,000 people). The lowest (EASR) rate of breast cancer is found in West End which is one of the LCPP areas with the lowest deprivation.

There is an undoubted link between these trends and lifestyle and the prevalence of other conditions associated with deprivation. The increased prevalence of multi-morbidities and the type of cancer greatly impacts survival rates and this is analysed later in this section.

Stage of Cancer

The stage at which a cancer is diagnosed varies by cancer type and where the diagnosed person lives.

Lung cancer is most frequently diagnosed at stage 4 and the proportion of stage 4 cancers in the LCPP areas varied from 30% in Maryfield to 48.4% in West End. This is consistent with the finding that SIMD 5 (least deprived) is the quintile with the highest rate of diagnosis at stage 4.

Breast Cancer is most frequently diagnosed at stage 1 and the proportion of breast cancers within each deprivation group diagnosed at stage 1 varied between 30% in SIMD 4 to 44% in SIMD 5. Similar to lung cancer, SIMD 5 (least deprived) is the quintile with the highest rate of diagnoses at stage 4.

No clear linear relationship of deprivation and stage of colorectal cancer was observed, although lower rates of Dukes' A cancers (10%) were observed in the most deprived two quintiles compared to the other quintile groups. Higher rates of Dukes' D cancers were observed in SIMD 1 (most deprived) (21%) compared to other deprivation groups.

Prostate cancer is most frequently diagnosed at stage 4. Incidence rates by stage was not available by LCPP area or SIMD quintile. The largest proportion of diagnosis at stage 4 were in the 80+ age group.

Cancer Mortality

Cancer mortality is defined as the number (or rate) of patients who died in a given period where the primary cause of death was cancer. The mortality statistics presented here are based on date of registration of the death rather than the date on which the death occurred (this is in line with information published by National Records Scotland and cancer statistics presented on the ISD website). By law, deaths should be registered within 8 days.

When looking at data across a 3 year rolling average, cancer mortality differs greatly by LCPP area. Where 2013 was the middle year of a 3 year average, the order by which cancer mortality had the highest EASR rate was the same order as the LCPP areas with the highest proportion of deprivation.

Chart 90: Incidence Rate of Cancer

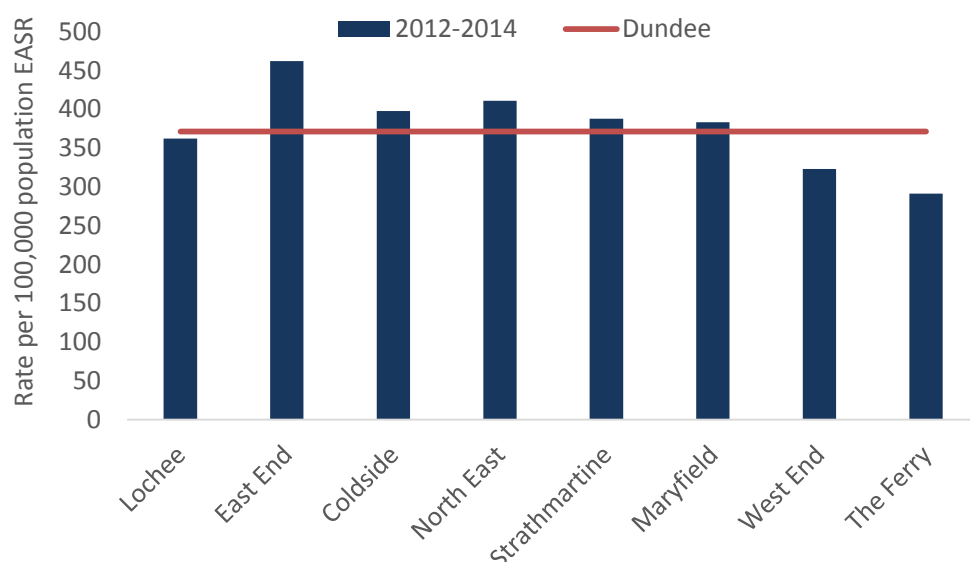


Table 14: Cancer mortality in Dundee by locality and rolling 3 year average: EASR per 100,000

Middle year	Coldside	East End	Lochee	Maryfield	North East	Strathmartine	The Ferry	West End	Dundee
2002	400.0	438.5	361.0	408.9	429.5	476.9	287.4	405.8	388.6
2003	412.0	408.6	381.4	403.6	403.5	481.4	310.3	404.6	391.7
2004	432.2	422.5	399.0	412.7	401.2	454.6	324.7	394.4	400.3
2005	419.6	404.9	368.5	424.0	334.4	440.3	298.2	391.3	385.4
2006	384.5	425.5	386.9	431.8	348.0	404.7	273.4	362.5	375.7
2007	421.4	441.0	380.7	359.6	335.4	388.6	314.7	343.6	377.4
2008	421.8	481.8	420.9	336.8	360.9	396.2	319.0	345.7	387.8
2009	440.1	460.6	405.3	322.1	393.1	413.8	324.2	374.4	390.9
2010	401.4	446.9	370.1	347.3	441.7	406.7	284.1	370.4	375.5
2011	411.7	462.5	369.7	382.7	449.1	417.0	288.5	329.9	379.6

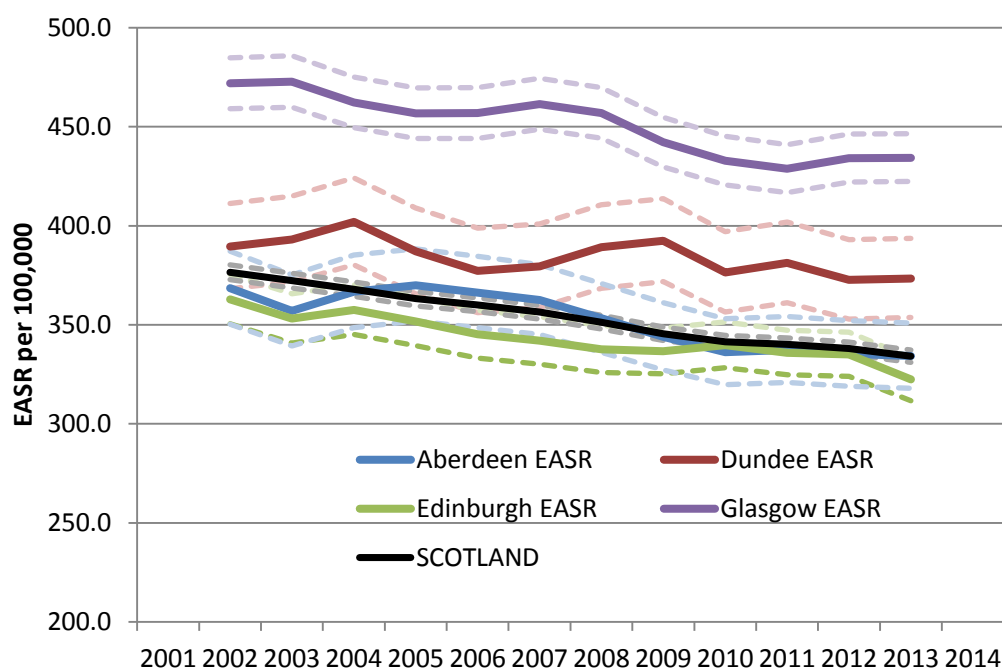
2012	403.2	480.5	361.4	368.1	469.2	387.3	281.4	304.0	370.8
2013	398.1	462.2	362.5	383.6	411.3	388.0	291.4	323.1	371.7

Cities Comparison

In comparison with the other 3 Scottish cities – Aberdeen, Edinburgh and Glasgow, Dundee had the second lowest EASR of cancer incidence in the period 2010-14, however when broken down by cancer type Dundee has a higher EASR rate than Aberdeen and Edinburgh in the incidence of cancers of the trachea, bronchus and lung and also head and neck cancer.

Despite having a lower EASR of cancer incidence than Aberdeen and Edinburgh, Dundee has a slightly higher mortality rate than these cities. Dundee's cancer mortality rate however, is lower than the rate observed in Glasgow.

Chart 91: Trend in the EASR age-sex-standardised cancer mortality for Dundee and other Scottish cities: 3 year rolling average: 2001-2014



Dundee's mortality rate has fallen over the time period (by 4%) but it appears to be diverging from the Scottish average. The trend in mortality rate in Aberdeen (9%) and Edinburgh (11%) closely follows that of Scotland overall (11%). Glasgow's mortality rate remains much higher than average for the whole time period, but the trend in rate appears to more or less follow the Scottish average trend (with a fall of approximately 8%), so mortality rates are not currently diverging any further from the average in Glasgow.

Mortality rate from breast cancer is higher in Dundee than Edinburgh, Aberdeen and Glasgow and Dundee has the second highest mortality rate for lung and colorectal

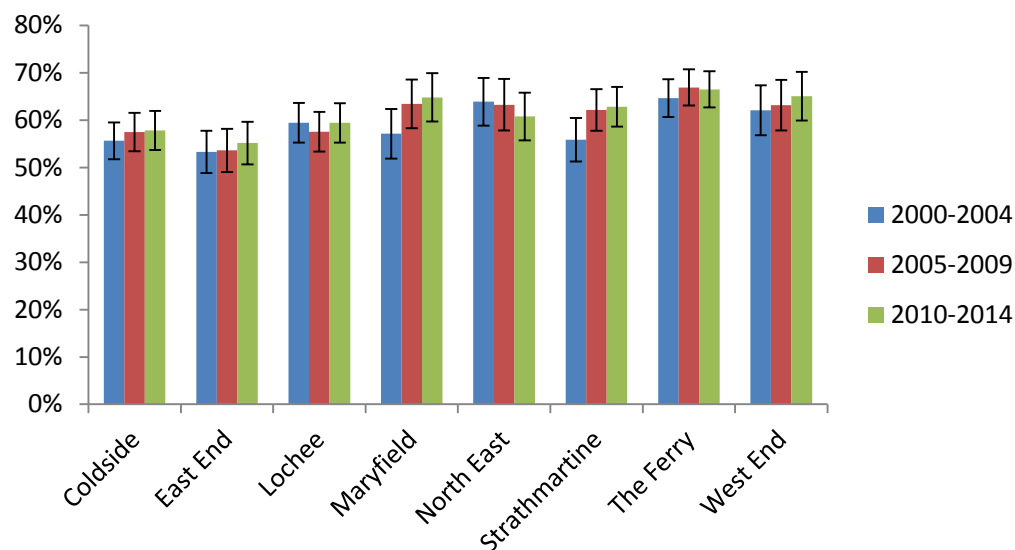
cancer. The mortality rate for prostate cancer is however the lowest of the 4 cities and is significantly below the Scotland rate.

Cancer Survival

Observed cancer survival is the proportion of people alive after a defined period of time following their cancer diagnosis divided by the population with a cancer diagnosis. It gives a measure of how many people who had a cancer diagnosis were alive following a cancer diagnosis but such analysis does not take account of age of person at the time of cancer diagnosis or the type of cancer in question (unless specified). It also does not take into account that people may die of causes other than cancer (so deaths measured may be unrelated to any cancer diagnosis).

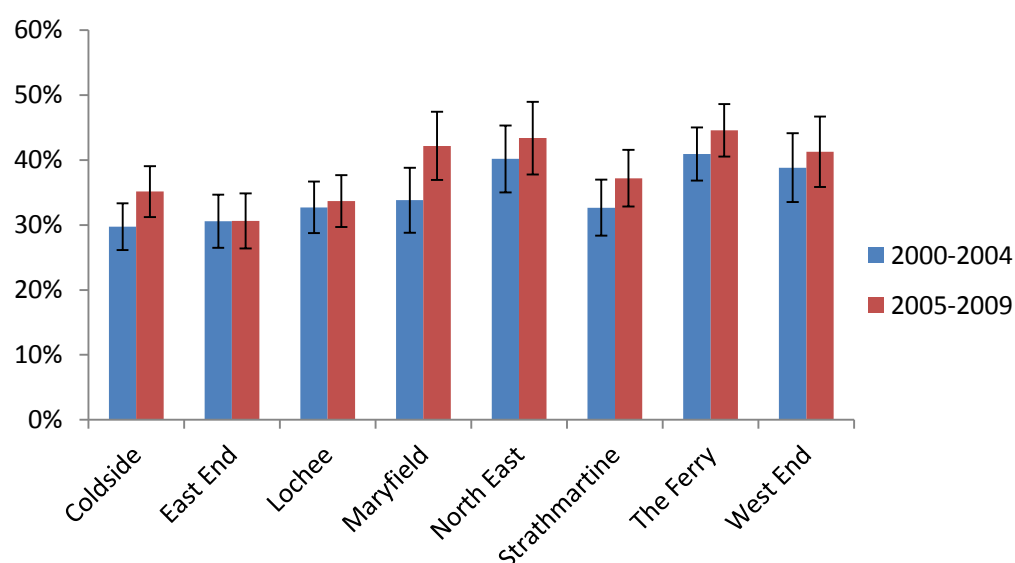
There is some variation in survival rates for all cancers by locality. This probably largely reflects the cancer types most prevalent in these areas alongside the differing age, sex structure across these areas (which are not adjusted for using observed survival). For people diagnosed between 2010-2014 survival rates at one year varied between 55% in East End to 67% in The Ferry. Those areas with the lowest survival rates also have the highest percentage of cancers diagnosed as lung cancer.

Chart 92: One year survival rates for all persons with cancer in Dundee: 2000-2014: by LCPP.



The Ferry and West end had the highest one and three year observed survival rates. The Ferry had significantly higher five year survival rates than Coldside, East End and Lochee in persons diagnosed in 2005-2009. The Ferry has an older population profile than other areas, however it has the lowest % of cancers that are lung and head and neck cancer and a high % of cancers in this area are breast and prostate cancers, which have much better survival rates in general. The West end has the second lowest % of cancers that are lung cancer, and also has a very young age profile.

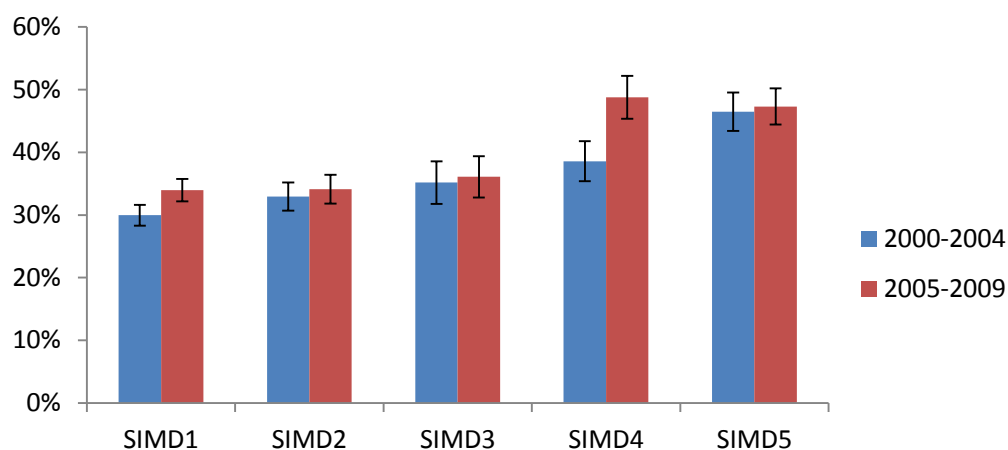
Chart 93: Five year survival rates for all persons with cancer in Dundee: 2000-2009: by LCPP.



*2010-2014 not shown as there is only one year of data, making estimates highly uncertain

There is a definite trend with lower survival rates for all cancers in more deprived areas in one, three and five year survival. The gap does not appear to be narrowing over time. This is likely at least partly due to the underlying differences in the incidence of different cancer types between deprived and less deprived areas. The proportion of lung cancer diagnoses, which has low survival rates, might especially be affecting overall survival rates from all cancers. In Dundee in 2010-2014, 24.7% of cancer diagnoses in the most deprived areas (SIMD 1) were lung cancer diagnoses, compared to 10.2% of cancer diagnoses in SIMD 5 areas.

Chart 94: Five year survival rates for all persons with cancer in Dundee: 2000-2009: by deprivation



The average annual registrations of cancer in Tayside were around 2,128 between 1998 and 2002, and this rose to 2,388 between 2009 and 2013.

One and three year survival from all cancer for Dundee and other Scottish cities for cancers diagnosed between 2000-2004, 2005-2009 and 2010-2014 is shown in the charts below. Increases in survival over the time period are observed in all cities, although the increase over time in Dundee does appear to be less than in other cities. Overall for cancers diagnosed between 2000-2004 one year survival was lower in Glasgow (55%) than in Dundee (59%) but by 2010-2014 survival was lowest in Dundee (61%) whereas Glasgow one year survival was 63%. A similar picture is seen for three year survival where for cancers diagnosed between 2000-2004 observed survival was 42% in Dundee compared to 38% in Glasgow whereas by 2010-2014 survival in Dundee was 45% compared to 47% in Glasgow. However, as previously mentioned, observed survival takes no account of the sex or age structure of the populations which reside in these cities and such adjustments are advised for comparisons of this nature.

Chart 95: One year survival rates for all persons with all cancer in Dundee and other Scottish cities: 2000-2014

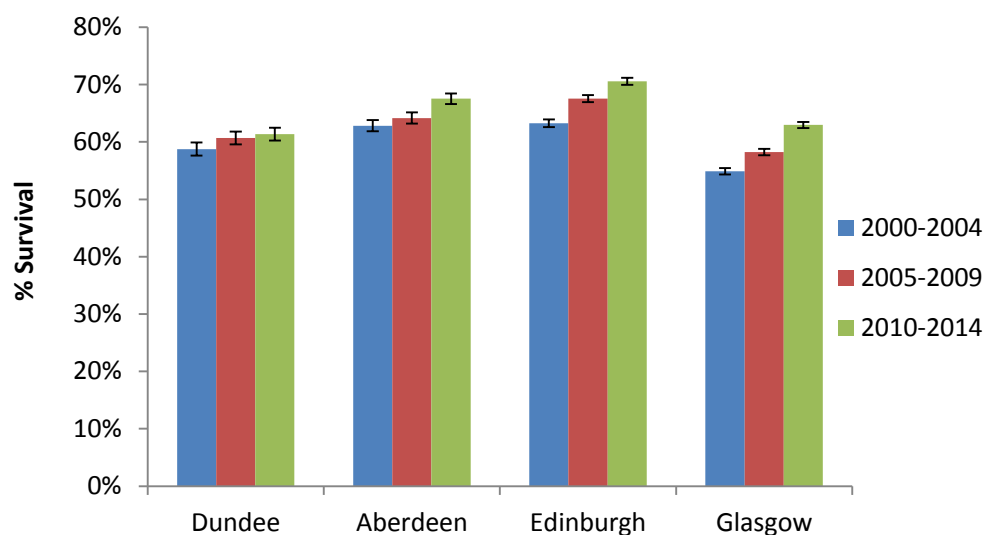
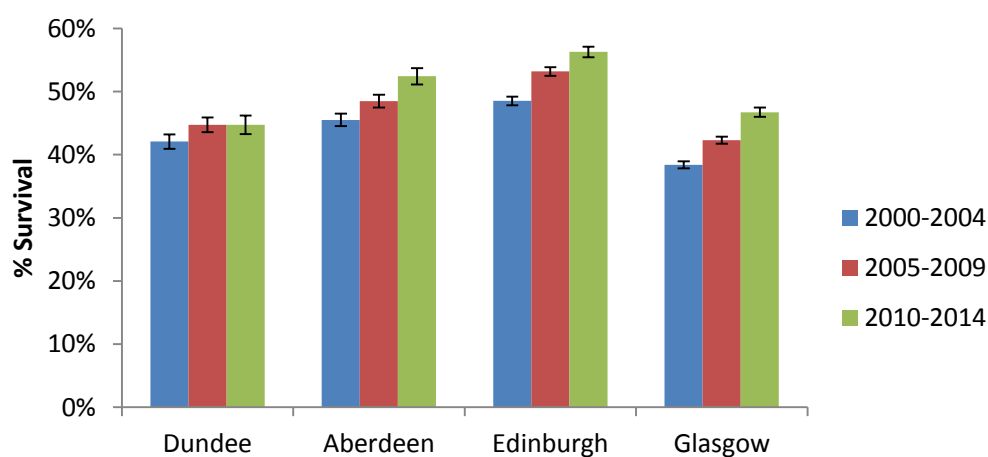


Chart 96: Three year survival rates for all persons with all cancer in Dundee and other Scottish cities: 2000-2014



Key Findings: Older People, Dementia, Physical Disabilities, Sensory Impairment, Learning Disabilities, Mental Health and Cancer

- Across most LCPP areas the population is ageing and the effects of deprivation mean that people are at high risk of developing one or multiple long term conditions.
- 82% of people diagnosed with dementia live at home.
- Dundee has a higher prevalence of people with a physical disability when compared with Scotland as a whole. There is variation in prevalence across Dundee when comparing LCPP areas.
- Dundee has about the same rate of people with blindness and/or deafness than Scotland as a whole, but there is variation in prevalence across Dundee when comparing LCPP areas.
- Dundee has the highest rate of people with a learning disability in Scotland. The number of people with a learning disability and/or autism has increased over the last 5 years.
- There is variation in the prevalence of people with a learning disability across LCPP areas in Dundee.
- Dundee has the 5th highest rate of people with a mental health condition in Scotland, and there is variation in prevalence across Dundee when comparing LCPP areas.
- The number of people living with or dying from cancer is rising, and it is estimated that 1 in 2 people will be diagnosed with a cancer in their lifetime.
- There is variation in the prevalence of people with cancer when comparing LCPP areas, SIMD quintile and age groups.

13.0 End of Life Care

When a person has a serious illness or is dying, palliative care and end of life care is provided to minimise the impact of suffering and enhance the quality of the person's life. Palliative care includes end of life care, but also extends throughout the illness journey and into survivorship, where this applies.

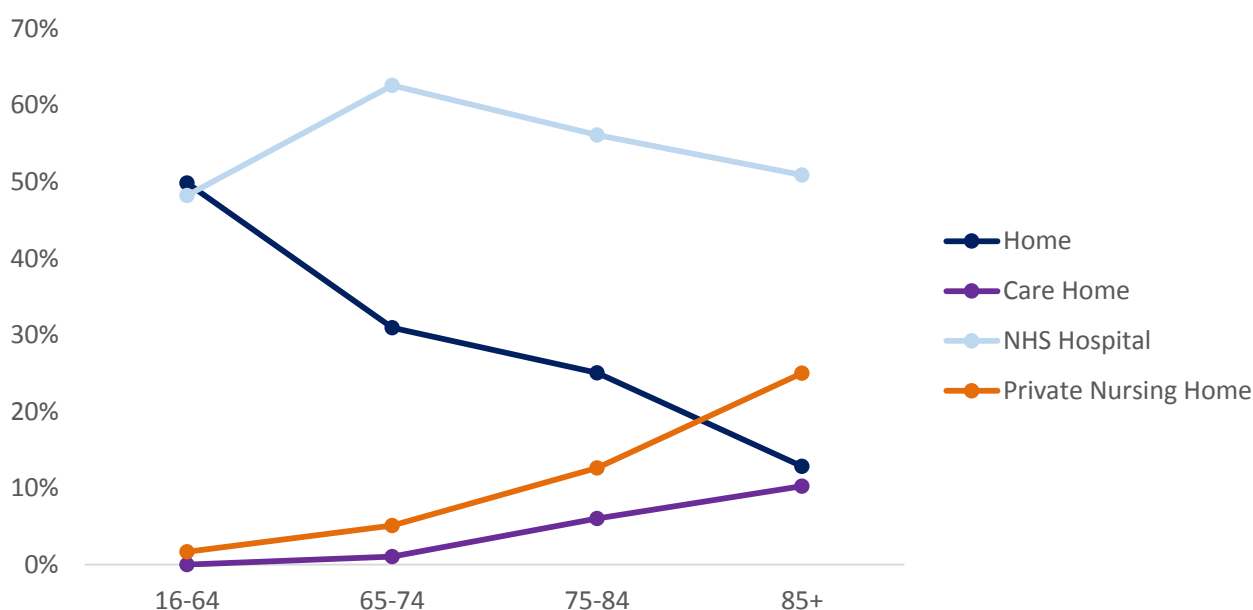
In Scotland around 53,000 people die each year, and this number is rising as the population increases. In Dundee there were 1,579 deaths during the calendar year of 2014, and the main cause of death was cancer.

The number of those who may benefit from access to palliative care is increasing across Scotland. In Dundee the need for both general and specialist palliative care is rising. A proximal indicator for this is the rising number of referrals to specialist palliative care services in Dundee. Since 2012 there has been a 45% increase in referrals to the palliative care service at Ninewells Hospital. There has also been a 22% increase in admissions to Roxburghe House, alongside an increasing use of day care, clinics and the support provided by Macmillan nursing staff.

13.1 Location at Death

When a person dies, the location of where they died is recorded. In Dundee an average of 54% of people die in hospital, 27% at home and 13% in a hospice. Chart 97 shows the location of death for all those who live in Dundee and died in 2016/17.

Chart 97: Location at death in Dundee, 2016-17



Source: NSS ISD, 2017

Chart 97 shows the trends in where people die, by age group. Over all age groups in Dundee, 54% of people died in an NHS hospital. A very small number of people died in other settings.

These figures show that the percentage of people dying at home in Dundee dropped significantly with age, with 50% of people aged 16-64, and 13% of people aged 85+, dying at home.

The percentage of people who died in a residential care home or a nursing home/private hospital increased with age. No people aged 16-64 years died in a care home, and only six people (2%) aged 16-64 died in a nursing home/private hospital. The proportion increased considerably with older age, with 10% of deaths for people aged 85+ being in a residential care home and 25% in a nursing home/private hospital.

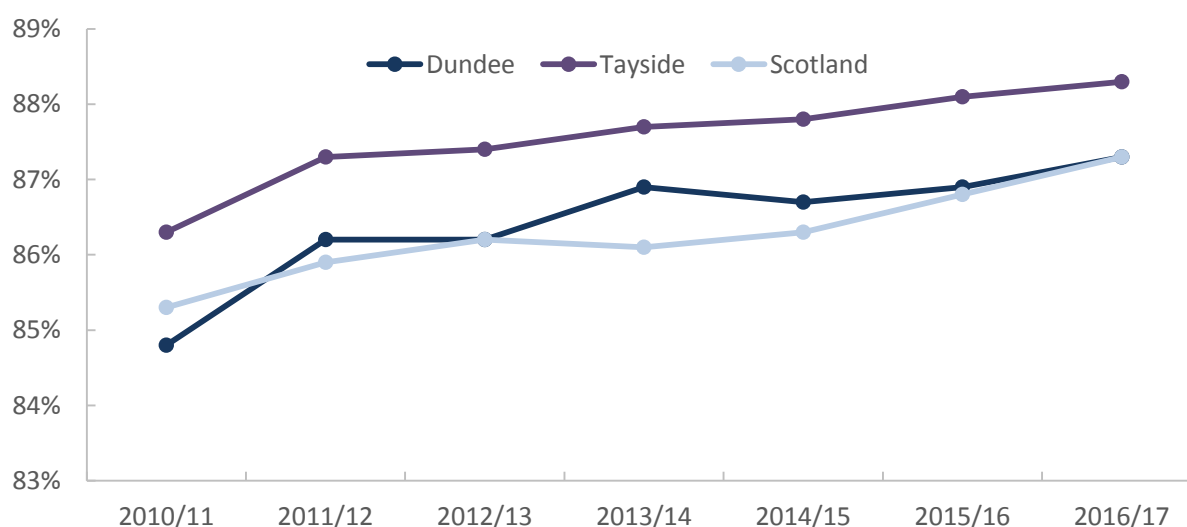
Chart 97 shows that the percentage of people who died in an NHS hospital did not vary considerably across the age groups. However there was an increase by age for those up to the age of 85+. 48% of deaths for 16-64 year olds occurred in an NHS hospital, and this increased to 63% of the 65-74 age group, and 56% of the 75-84 age group. The percentage then decreased for the 85+ age group, as 51% of people aged 85+ died in an NHS hospital. This decrease correlates with the increase in deaths in care/nursing homes and private hospitals for the 85+ age group.

13.2 Time Spent at Home or Community Setting In Last 6 Months of Life

There is also data available for the length of time people spent at home, or in another community setting, during the last 6 months of life.

Chart 98 shows figures for the period 2010 – 2017 for the percentage of time people in Dundee spent at home or in a community setting during their last 6 months of life.

Chart 98: % of time in the last 6 months of life spent at home or community setting, 2010-2017



Source: Percentage of End of Life Spent at Home, ISD †Scotland

This chart shows that between the years 2010 and 2017 there has been a consistent increase in the amount of time people in Dundee spent at home or in a community setting during the last 6 months of life. In 2013/14, 86.9% of time for people in Dundee was spent at home or in a community setting. This figure is slightly higher than the percentage for Scotland as a whole.

From the information and figures available it is not possible to determine whether the proportion of time people in Dundee spent at home in their last 6 months of life, or the location of death for those involved, would have accorded with their personal preferences or choice. The information and data gathered will have to be extended to allow this further level of more detailed analysis to take place, if this is an indicator against which the performance of health and social care services is to be measured in the future.

Key Findings: End of Life Care

- In Dundee there were 1,579 deaths during the calendar year of 2014, and the main cause of death was cancer.
- Since 2012 there has been a 45% increase in referrals to the palliative care service at Ninewells Hospital. There has also been a 22% increase in admissions to Roxburghe House.
- In 2013/14 86.9% of time for people in Dundee was spent at home or in a community setting during their last 6 months of life. This figure is slightly higher than the percentage for Tayside and Scotland as a whole.
- Over all age groups in Dundee, 54% of people died in an NHS hospital.
- The percentage of people dying at home in Dundee dropped significantly with age, with 50% of people aged 16-64, and 13% of people aged 85+, dying at home.

14.0 STRATEGIC NEEDS ASSESSMENT IN DUNDEE: NEXT STEPS

It is recognised that strategic needs assessment (SNA) is an ongoing process. As population and demographic changes take place, as well as changes in the patterns of service demand and usage, it is important to update the needs assessment which is being used to inform service planning and development. At the same time it is acknowledged that there is more work to be done to incorporate information and data that is relevant for all of the health and social care functions now delegated to the Partnership.

For this reason this document is being published as *Strategic Needs Assessment: Version 2*. It is the intention to produce further versions of the SNA as the picture of needs in Dundee steadily builds and is refined through detailed analysis. In the next version the Partnership will be seeking to reflect all areas of need and service provision, at a locality level, relevant to the development and delivery of health and social care services in Dundee.

The analysis which underpins the SNA, reflected in the Plan and this document, uses descriptive statistical techniques to describe populations in Dundee. This has led to a number of hypotheses which may be explored in the future using inferential statistical techniques. The findings from such further work will be reflected in later versions of the SNA.

The SNA has been developed to inform and accompany the Plan. As such this SNA is being described as a Companion Document to support the implementation of the Plan.

An electronic link to *Strategic Needs Assessment: Version 2* can be found by using the following link:

<http://www.dundee.gov.uk/dhscp/ourpublications>

Key Contacts

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This is Strategic Needs Assessment: Version 2 and information and analysis is welcomed to assist with the preparation of Version 3.

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With thanks to our colleagues from NSS ISD LIST for working with us to provide data from health systems for inclusion in Versions 1 and 2.

The Dundee Strategic and Commissioning Plan and associated documents were produced, on behalf of the Dundee Integration Joint Board, in partnership with a wide range of stakeholders and was overseen by the Integrated Strategic Planning Group.



Get in touch:

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